2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 03, 2009 **DOCUMENT#768143** Secretary of State

Entity Name: STERLING MCCLELLAN POST NO. 142, AMERICAN LEGION, INC.

Current Principal Place of Business: New Principal Place of Business: 171 S.W. 2ND ST. POMPANO BEACH, FL 33060 **Current Mailing Address: New Mailing Address:** 171 S.W. 2ND ST POMPANO BEACH, FL 33060 FEI Number: 59-6200796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE JACMA, FREDERICK 1051 HILLSBORO MILE 4E HILLSBORO BEACH, FL 33062 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RAFAJKO, GEORGE Name: Name: 406 S. CYPRESS RD. #324 Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: VD Title: () Delete () Change () Addition STENGAL, GEORGE Name: Name: Address: SW 1ST COURT Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: () Delete Title: () Change () Addition DE JACMA, FREDERICK Name: Name: 1051 HILLSBORO MILE 4E Address: Address: City-St-Zip: HILLSBORO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: () Change () Addition RENNEISEN, PATRICIA Name: Name: Address: 3111 NE 57 CT Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: (X) Delete Title: () Change () Addition O'NEILL, JOSEPH Name: Name: 2661 S. COURSE DR. #903 Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: (X) Delete Title: () Change () Addition DURANTE, JOHN Name: Name: Address: 2690 NE 18TH ST. Address: POMPANO BEACH, FL 33062 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE RAFAJKO PD 12/03/2009