2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Sep 10, 2007 8:00 am Secretary of State

2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	DOCUMENT # N9700000606 1. Entity Name AMERICAN LEGION AUXILIARY - VOGEL - LEE UNIT #47, INC.						09-10-2	2007 90002	013 ****	61.25		
Suite. Apt. #. etc. Suite. Apt. #. etc.	· ·		2315 N. DIXIE HIGHWAY)								
City & State Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						DE ENILEED EI			
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8. Certificate of Status Deared Fee Required Fe		e	,									
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RATH, IDA Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33461 LAKE WORTH, FL 33465 City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE MONTH G WR.Rd Signature Agent signature required with metaboxis agent and size if applicable Worth Required Agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Department of State Filling Foe is \$61.25 Due by September 14, 2007 9. Election Campaign Financing \$5,00 May Be Added to Fees Florida Department of State Added to Fees Florida Department of State Florida Depart		6. Name and Address of Current F	Registered Agent	Nama		7. Name and	Address of N	ew Registered A	\gent			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	mona & Ward Iteasurer	9-7-67	(561) 965-4429
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #



ATTACHMENT

40131838

American Legion Auxiliary # N9700000606



Vogel-Lee #47 Amer Legion Aux 2315 N Dixie Hwy Lake Worth, FL 33460

Sept. 7, 2007

Mona & Ward, Learner 702 18: 37. LAKE WORTH, Fl. 33461

Dear Sir:

In Jan. 2008 when The renewal form are sent out would you please send Them to me.

Mona I Ward, Illasur A & a Unit! 47 702 Hi 3T. Fale Worth, 71.33461

Sencerily mona & Ward, Freasurer