


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

09-10-2007 90002 013 \*\*\*\*61.25

<b>DOCUMENT # N97000000606</b> 1. Entity Name <b>AMERICAN LEGION AUXILIARY - VOGEL - LEE UNIT #47, INC.</b>					
Principal Place of Business <b>2315 N. DIXIE HIGHWAY LAKE WORTH, FL 33460</b>			Mailing Address <b>2315 N. DIXIE HIGHWAY LAKE WORTH, FL 33460</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2416924</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RATH, IDA</b> <del>3079 GARDEN LANE</del> <b>231 No. H St.</b> <del>LAKE WORTH, FL 33461</del> <b>LAKE WORTH, FL 33460</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE <u><i>Mona G Ward</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<u><i>Mona G Ward</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>9-7-07</u> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATH, IDA <del>3079 GARDEN LANE</del> <del>LAKE WORTH, FL 33461</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>231 No. H St.</b> <b>LAKE WORTH, 33460</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALSH, DONNA 3705 SOUTH FLAGLER DRIVE # 14 WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNYDER, RUTH 701-A SUNNY PINE WAY WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAYNE, JO ANNE 1740 22ND AVENUE NORTH LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T. MONA G. WARD</b> <b>702 H St.</b> <b>LAKE WORTH 33461</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LODDER, DELLA 2787 DUDLEY W#C WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRIMAN, JOAN 610 JACKSON AVE LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D JEAN MAPHONEY</b> <b>120 50 BLVD, 1A.</b> <b>BOYNTON BEACH, FL 33435</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Mona G Ward Treasurer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>9-7-07</u> <small>Date</small> <u>(561) 965-4429</u> <small>Daytime Phone #</small>		



ATTACHMENT

40131838

American Legion Auxiliary #N97000000606



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

Sept. 7, 2007

Mona & Ward, Treasurer  
702 Hi St.  
LAKE WORTH, FL. 33461

Dear Sir:

In Jan. 2008, when the renewal  
form are sent out, would you  
please send them to me.

Mona & Ward, Treasurer  
ALA Unit #47  
702 Hi St.  
Lake Worth, Fl. 33461

Sincerely

Mona & Ward,  
Treasurer