

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N97000000606**

1. Entity Name  
**AMERICAN LEGION AUXILIARY - VOGEL - LEE UNIT #47,  
INC.**



Principal Place of Business  
**2315 N. DIXIE HIGHWAY  
LAKE WORTH, FL 33460**

Mailing Address  
**2315 N. DIXIE HIGHWAY  
LAKE WORTH, FL 33460**

**DO NOT WRITE IN THIS SPACE**

01222008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2416924**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RATH, IDA  
231 NO. H. ST.  
LAKE WORTH, FL 33460**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RATH, IDA
STREET ADDRESS	231 NO. H. ST.
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	VP
NAME	WALSH, DONNA
STREET ADDRESS	3705 SOUTH FLAGLER DRIVE # 14
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	SD
NAME	SNYDER, RUTH
STREET ADDRESS	701-A SUNNY PINE WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	T
NAME	WARD, MONA G
STREET ADDRESS	702 H I ST
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	C
NAME	LODDER, DELLA
STREET ADDRESS	2787 DUDLEY W #C
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	D
NAME	MAHONEY, JEAN
STREET ADDRESS	120 SO. BLVD 1A
CITY-ST-ZIP	BOYNTON BEACH, FL 33435

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01/28/08-80011-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Mona G Ward, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-22-2008*  
Date

*561-265-4429*  
Daytime Phone #