

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90059 042 \*\*\*\*61.25

**DOCUMENT # N98000001317**

1. Entity Name

**AMERICAN LEGION AUXILIARY STERLING MCCLELLAN  
UNIT NO. 142, INC.**



Principal Place of Business

171 S.W. 2ND STREET  
POMPANO BEACH FL 33060  
US

Mailing Address

171 S.W. 2ND STREET  
POMPANO BEACH FL 33060  
US

**50009659**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0700719**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, MARGARET F  
412 SO RYARESS RD., APT 208  
POMPANO BEACH FL 33060**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HAMMAES, REGINA	
STREET ADDRESS	2809 NE 45TH CT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOLAN, CAULEEN	
STREET ADDRESS	2400 NE 16TH ST., APT 114	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	CT	<input type="checkbox"/> Delete
NAME	BRADHEAD, MARION	
STREET ADDRESS	1674 S.E. 8TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NELSON, MARGAST	
STREET ADDRESS	412 SO CYPRESS RD	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HATT, BONNIE	
STREET ADDRESS	350 SO CYPRESS RD., APT 527	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMES, REGINA	
STREET ADDRESS	2809 NE 45 CT	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1150 E Sample Rd #206	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROADHEAD, MARION	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MARGARET F.	
STREET ADDRESS	412 S. Cypress Rd Apt 208	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Chapman-Thompson	
STREET ADDRESS	2108 SW Natura Blvd	
CITY-ST-ZIP	Deerfield Beach FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Margaret F. Nelson* 1-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #