

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90104 048 ****70.00

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

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

7. Name and Address of New Registered Agent

Name REGINA M. HAMMES

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

289 N.E. 45 COURT

POMPANO BEACH, FL

Zip Code 33064

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

REGINA M. HAMMES, PRESIDENT
Regina M. Hammes
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when terminating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 ☐ Delete
NAME HAMMES, REGINA
STREET ADDRESS 289 N.E. 45 CT.
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE PD ☒ Delete
NAME DOLAN, CAULEEN
STREET ADDRESS 1150 E. SAMPLE ROAD #206
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE CT ☐ Delete
NAME BROADHEAD, MARION
STREET ADDRESS 1674 S.E. 8TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE TD ☒ Delete
NAME NELSON, MARGARET F
STREET ADDRESS 412 S. CYPRESS ROAD, APT. 208
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE VPD ☐ Delete
NAME CHAPMAN-THOMAS, BARBARA
STREET ADDRESS 2108 S.W. NATURA BLVD.
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME REGINA M. HAMMES
STREET ADDRESS 289 N.E. 45 COURT
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE STD ☐ Change ☒ Addition
NAME MORRIS GRAY
STREET ADDRESS 421 S.E. 1ST TERRACE
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition
NAME BONNIE G. HATT
STREET ADDRESS 350 S. CYPRESS RD. APT. 527
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: REGINA M. HAMMES *Regina M. Hammes* 4/3/06 954-943-2014
Signature and typed or printed name of registered agent and title if applicable Date Phone #