

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90024 049 \*\*\*\*70.00

<b>DOCUMENT # N98000001317</b>					
<b>1. Entity Name</b> AMERICAN LEGION AUXILIARY STERLING MCCLELLAN UNIT NO. 142, INC.					
<b>Principal Place of Business</b> 171 S.W. 2ND STREET POMPANO BEACH, FL 33060 US			<b>Mailing Address</b> 171 S.W. 2ND STREET POMPANO BEACH, FL 33060 US		
<b>2. Principal Place of Business - No P.O. Box #</b> SAME		<b>3. Mailing Address</b> SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0700719	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HAMMES, REGINA 708 SW 75 AVE NORTH LAUDERDALE, FL 33068					
<b>7. Name and Address of New Registered Agent</b> Name: BARBARA CHAPMAN-THOMAS Street Address (P.O. Box Number is Not Acceptable): 2108 SW NATURA BLVD City: DEERFIELD BEACH State: FL Zip Code: 33441					
<b>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.</b> SIGNATURE: <i>Barbara Chapman-Thomas, President</i> BARBARA CHAPMAN-THOMAS 2-5-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> HAMMES, REGINA <b>STREET ADDRESS</b> 708 SW 75 AVE <b>CITY-ST-ZIP</b> NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> CHAPMAN-THOMAS, BARBARA <b>STREET ADDRESS</b> 2108 SW NATURA BLVD <b>CITY-ST-ZIP</b> DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> GRAY, MONICA <b>STREET ADDRESS</b> 421 S.E. 1ST TERRACE <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> HAMMES, REGINA <b>STREET ADDRESS</b> 708 SW 75 AVE <b>CITY-ST-ZIP</b> NORTH LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> CT <b>NAME</b> BROADHEAD, MARION <b>STREET ADDRESS</b> 1674 S.E. 8TH AVE. <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete		<b>TITLE</b> CT <b>NAME</b> BROADHEAD, MARION <b>STREET ADDRESS</b> 1674 SE 8 AVE <b>CITY-ST-ZIP</b> DEERFIELD BEACH FL 33441	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> RAFAJKO, ELAINE <b>STREET ADDRESS</b> 406 S. CYPRESS RD APT. #324 <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> HATT, BONNIE <b>STREET ADDRESS</b> 350 S CYPRESS RD #527 <b>CITY-ST-ZIP</b> POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> CHAPMAN-THOMAS, BARBARA <b>STREET ADDRESS</b> 2108 S.W. NATURA BLVD. <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> BOIVIN, TERESA <b>STREET ADDRESS</b> 101 S.E. 8 ST <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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.</b>					
<b>SIGNATURE:</b> <i>Barbara Chapman-Thomas</i> BARBARA CHAPMAN-THOMAS 2-5-08 954-360-0894 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					