2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001317

FILED Jan 11, 2009 Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY STERLING MCCLELLAN UNIT NO. 142, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	ND STREET BEACH, FL 33	3060	US				
Current Ma	ailing Address	:		New Maili	ing Address:		
	ND STREET BEACH, FL 33	3060	US				
FEI Number:	65-0700719	FEI Nur	nber Applied For()	FEI Number Not Appl	Olicable () Certificate of Status Desired ()		
Name and	Address of Cu	ırrent F	tegistered Agent:	Name and	d Address of New Registered Agent:		
2108 SW N	-THOMAS, BAF ATURA BLVD EACH, FL 3344		S	2108 SW N	N-THOMAS, BARBARA NATURA BLVD LD BEACH, FL 33441 US		
The above in the State		ıbmits t	his statement for the pu	urpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	E:				01/11/2009		
	Electronic	Signat	ure of Registered Age	nt	Date		
OFFICERS	AND DIRECTO	ORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	S:	
Title: Name: Address: City-St-Zip:	PD () D CHAPMAN-THOM 2108 SW NATURA DEERFIELD BEAR	A BLVD		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	STD () D HAMMES, REGIN 708 SW 75 AVE NORTH LAUDERI		. 33068	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CT () D BROADHEAD, MA 1674 S.E. 8TH AV DEERFIELD BEA	/E.	33441	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPD () D RAFAJKO, ELAIN 406 S. CYPRESS POMPANO BEAC	RD APT		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPD () D HATT, BONNIE 350 S CYPRESS POMPANO BEAC			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TD () D BOIVIN, TERESA 101 S.E. 8 ST POMPANO BEAC		3060	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition HENDERSON, SANDI 321 SE 1 TERR POMPANO BEACH, FL 33060		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA CHAPMAN-THOMAS PRES 01/11/2009