FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****138.75 ****138.75

DOCUMENT # **766299** **(2)**

1. Corporation Name
Edward W. Penno
~~CITRUS SPRINGS~~ POST NO. 4864 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
~~1895 WEST BELGRADE DRIVE~~ ~~CITRUS SPRINGS FL 32630~~	~~1895 WEST BELGRADE DRIVE~~ ~~CITRUS SPRINGS FL 32630~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1982
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2333530 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 10199 N. Citrus Springs Blvd	26 10199 N. Citrus Springs Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Citrus Springs, Fl	28 Citrus Springs, Fl
24 Zip 34434 / 25 Country USA	29 Zip 34434 / 30 Country USA

5. Certificate of Status Desired XX — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ** — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHEPHERD, ROBERT 1895 WEST BELGRADE DR. CITRUS SPRINGS FL 34434	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	CARLBERG, CARL, R	12 NAME	
STREET ADDRESS	9741 SW 202 AVE RD	13 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ADAMS, HOWARD T	22 NAME	
STREET ADDRESS	41 LAKEWOOD CIR	23 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SHEPHERD, ROBERT	32 NAME	
STREET ADDRESS	1895 W. BELGRADE DR	33 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E. Shepherd Robert Shepherd — 4/22/95 — 904-489-6673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044774