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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766299** (2)

1. Corporation Name

**EDWARD W. PENNO POST NO. 4864 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**10199 N. CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434**

**10199 N. CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434**



3. Date Incorporated or Qualified

12/27/1982

4. FEI Number

50-2333530

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, ARNALDO
11365 N BRENDA TERR
CITRUS SPRINGS FL 34434**

81 Name **HYTOVICK, JOSEPH S**

82 Street Address (P.O. Box Number is Not Acceptable)
10199 N. CITRUS SPRINGS BLVD

84 City **CITRUS SPRINGS FL** 85 Zip Code **34434**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Joseph S. Hytovick** **QUARTERMASTER**

1-28-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	CARLBERG, CARL, R	
STREET ADDRESS	8741 SW 202 AVE RD	
CITY-ST-ZIP	DUNNELLON FL	

1.1 TITLE	SR. VICE COMMANDER VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAX HETHERINGTON	
1.3 STREET ADDRESS	20 N. WADSWORTH AVE	
1.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADAMS, HOWARD T	
STREET ADDRESS	41 LAKEWOOD CIR	
CITY-ST-ZIP	OCALA FL	

2.1 TITLE	(COMMANDER) CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, ARNALDO	
STREET ADDRESS	11365 N BRENDA TERR	
CITY-ST-ZIP	OCITRUS SPRINGS FL	

3.1 TITLE	(ADJUTANT) STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSEPH S. HYTOVICK	
3.3 STREET ADDRESS	10199 N. CITRUS SPRINGS BLVD	
3.4 CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 **Arnaldo Rodriguez** **1-28-98** **34434**

CR2E037 (10/97)