


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90017 025 ****61.25

| | | | | | |
|--|-------------------------------|--|---|--|-------------|
| DOCUMENT # 766299 | | | |  | |
| 1. Entity Name EDWARD W. PENNO POST NO. 4864 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. | | | | | |
| Principal Place of Business 10199 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 | | | Mailing Address 10199 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-6162517 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PERRINO, EUGENE L SR 10199 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | FL Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FIELD, GEORGE L | | NAME | | |
| STREET ADDRESS | 10199 N CITRUS SPRINGS BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CITRUS SPRINGS, FL 34434 | | CITY-ST-ZIP | | |
| TITLE | CD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PERRINO, EUGENE L | | NAME | | |
| STREET ADDRESS | 10199 N CITRUS SPRINGS BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CITRUS SPRINGS, FL 34434 | | CITY-ST-ZIP | | |
| TITLE | VCVD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | REESE, HARRY | | NAME | JACKIE L. WALKER | |
| STREET ADDRESS | 10199 N. CITRUS SPRINGS BLVD. | | STREET ADDRESS | 10199 N. CITRUS SPRINGS BLVD | |
| CITY-ST-ZIP | CITRUS SPRINGS, FL 34434 | | CITY-ST-ZIP | CITRUS SPRINGS, FL 34434 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. 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 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: <i>George L. Field</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Jan 8, 2004 (752) 563-0271 <small>Date Daytime Phone #</small> | | |