


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90288 029 \*\*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2388590**  
**59-616 2517**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARLBERG, CARL R**  
**10199 N CITRUS SPRINGS BLVD**  
**CITRUS SPRINGS FL 34434**

7. Name and Address of New Registered Agent

Name  
**EUGENE L. PERRINO, SR**

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

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

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 *Eugene L. Perrino*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>CARLBERG, CARL R</b> <b>10199 N CITRUS SPRINGS BLVD.</b> <b>CITRUS SPRINGS FL 34434</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>FIELD, GEORGE L</b> <b>10199 N CITRUS SPRINGS BLVD.</b> <b>CITRUS SPRINGS FL 34434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCVD</b> <b>PERRINO, EUGENE L</b> <b>10199 N CITRUS SPRINGS BLVD.</b> <b>CITRUS SPRINGS FL 34434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCVD</b> <b>REESE, HARRY</b> <b>10199 N. CITRUS SPRINGS BLVD</b> <b>CITRUS SPRINGS, FL 34434</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George L. Field* **1/8/03** **352 563-0271**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)