

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **N96000002130 (0)**  
1. Corporation Name

**EDWARD W. PENNO AUXILIARY TO POST NO. 4864 LADIE S AUXILIARY TO THE VETERANS OF FOREIGN WARS OF T**



|  |   |
|--|---|
| Principal Place of Business<br><b>10199 NORTH CITRUS SPRINGS BLVD.<br/>CITRUS SPRINGS FL 34434</b> | Mailing Address<br><b>10199 NORTH CITRUS SPRINGS BLVD.<br/>CITRUS SPRINGS FL 34434-3144</b> |
|--|---|

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/19/1996</b>  | 3a. Date of Last Report               |
| 4. FEI Number<br><b>59-2441603</b>  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24 25                          | 29 30                  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, MARY L  
10199 NORTH CITRUS SPRINGS BLVD.  
CITRUS SPRINGS FL 34434**

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | PD <input type="checkbox"/> DELETE |
| NAME                       | <b>SHEPHERD, STELLA B</b>          |
| STREET ADDRESS             | <b>1895 W. BELGRADE DR.</b>        |
| CITY-ST-ZIP                | <b>CITRUS SPRINGS FL 34434</b>     |
| TITLE                      | VD <input type="checkbox"/> DELETE |
| NAME                       | <b>SISTRAND, PATRICIA</b>          |
| STREET ADDRESS             | <b>8625 N. CALYPSO CIRCLE</b>      |
| CITY-ST-ZIP                | <b>CITRUS SPRINGS FL 34434</b>     |
| TITLE                      | SD <input type="checkbox"/> DELETE |
| NAME                       | <b>HURLEY, FELICIA A</b>           |
| STREET ADDRESS             | <b>10013 N. DELTONA BLVD.</b>      |
| CITY-ST-ZIP                | <b>CITRUS SPRINGS FL 34434</b>     |
| TITLE                      | TD <input type="checkbox"/> DELETE |
| NAME                       | <b>MARTIN, MARY L</b>              |
| STREET ADDRESS             | <b>251 W. HOMEWAY LOOP</b>         |
| CITY-ST-ZIP                | <b>CITRUS SPRINGS FL 34434</b>     |
| TITLE                      | <input type="checkbox"/> DELETE    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY-ST-ZIP                |                                    |
| TITLE                      | <input type="checkbox"/> DELETE    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY-ST-ZIP                |                                    |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | <b>SISTRAND, PATRICIA</b>   |
| 1.3 STREET ADDRESS                                    | <b>8625 N. CALYPSO CIRCLE</b>   |
| 1.4 CITY-ST-ZIP                                       | <b>CITRUS SPRINGS, FL. 34434</b>  |
| 2.1 TITLE   | VD <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  | <b>CATHERINE LOSS</b>   |
| 2.3 STREET ADDRESS                                    | <b>4082 W. FINDLAY STREET</b>   |
| 2.4 CITY-ST-ZIP                                       | <b>CITRUS SPRINGS, FL. 34433</b>  |
| 3.1 TITLE   | SD <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  | <b>FAY ZIECH</b>  |
| 3.3 STREET ADDRESS                                    | <b>2465 W. ERIC DRIVE</b>   |
| 3.4 CITY-ST-ZIP                                       | <b>CITRUS SPRINGS, FL. 34434</b>  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 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                                       |   |
| 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 do 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: *Mary L. Martin* (MARY L. MARTIN) FEB. 21, 1997 352-489-2009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0085115

CR2E037 (9/96)