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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002130 (0)
 1. Corporation Name
**EDWARD W. PENNO AUXILIARY TO POST NO. 4864 LADIE
 & AUXILIARY TO THE VETERANS OF FOREIGN WARS OF T**



Principal Place of Business 10199 NORTH CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34434	Mailing Address 10199 NORTH CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34434
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3. Date Incorporated or Qualified 04/19/1996	
4. FEI Number 59-2441603	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Sulte, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A

9. Name and Address of Current Registered Agent
**MARTIN, MARY L
 10199 NORTH CITRUS SPRINGS BLVD.
 CITRUS SPRINGS FL 34434**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
251 W. HOMEWAY LOOP
 83
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STELLA SHEPHERD 1896 W. BELGRADE DR. CITRUS SPGS, FL. 34434
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SR. VICE PRES. - D CAROL HETHERINGTON 20 N. WADSWORTH AVE. BEVERLY HILLS, FL. 34465
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY - D FAY ZIBCH 2465 W. ERIC DR. CITRUS SPGS, FL. 34434
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mary L Martin* (MARTIN) Date: 15 1998 59-244-2009

CR2E037 (10/97)