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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000002130

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

10199 NORTH CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34434

Mailing Address

10199 NORTH CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34434



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

04/19/1996

4. FEI Number

59-2441603

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MARTIN, MARY L  
251 W. HOMEWAY LOOP  
CITRUS SPRINGS FL 34434

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME SHEPHERD, STELLA  
STREET ADDRESS 1895 W. BELGRADE DR.  
CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE VPD  DELETE

NAME HETHERINGTON, CAROL  
STREET ADDRESS 20 N. WADSWORTH AVE.  
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE SD  DELETE

NAME ZIECH, FAY  
STREET ADDRESS 2465 W. ERIC DR.  
CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE TD  DELETE

NAME MARTIN, MARY L  
STREET ADDRESS 251 W. HOMEWAY LOOP  
CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SR. Vice Pres.  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE PATRICIA SISTRAND  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE: MARY L MARTIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 13, 1999 352-459-2009  
Date Daytime Phone #

CR2E037-(11/98)