

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90047 005 ****61.25

DOCUMENT # N96000002130

1. Entity Name

EDWARD W. PENNO AUXILIARY TO POST NO. 4864 LADIE

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2441603

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, MARY L
251 W. HOMEWAY LOOP
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.

SIGNATURE

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHEPHERD, STELLA	
STREET ADDRESS	1895 W. BELGRADE DR.	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	CRIST, DORIS E	
STREET ADDRESS	4725 E SHOREWOOD DR	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZIECH, FAY	
STREET ADDRESS	2465 W. ERIC DR.	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, MARY L	
STREET ADDRESS	251 W. HOMEWAY LOOP	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SHEEHAN, JOAN M	
STREET ADDRESS	9155 N CEDAR COVE RD	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOIS BURNETT	
STREET ADDRESS	2479 W. ERIC DR.	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Mary L Martin
MARY L. MARTIN

Feb. 13, 2001

352-489-2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)