

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90129 029 ****61.25

DOCUMENT # N96000002130

1. Entity Name

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

Principal Place of Business

Mailing Address

**10199 NORTH CITRUS SPRINGS BLVD.
 CITRUS SPRINGS FL 34434**

**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

4. FEI Number

59-2441603

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 Delete
 NAME **P BURNETT, LOIS**
 STREET ADDRESS **2479 W ERIC DRIVE**
 CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

TITLE Change Addition
 NAME **P Carlberg, Jane**
 STREET ADDRESS **9535 S.W. 202nd Ave. Rd.**
 CITY-ST-ZIP **DUNNELLON, FL. 34431**

TITLE Delete
 NAME **SRVP CRIST, DORIS E**
 STREET ADDRESS **4725 E SHOREWOOD DR**
 CITY-ST-ZIP **HERNANDO FL 34442**

TITLE Change Addition
 NAME **SRVP Burnett, Lois**
 STREET ADDRESS **2479 W. ERIC DR.**
 CITY-ST-ZIP **CITRUS SPRINGS, FL. 34434**

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

TITLE Change Addition

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

TITLE Change Addition

TITLE Delete
 NAME **TR SHEEHAN, JOAN M**
 STREET ADDRESS **9155 N CEDAR COVE RD**
 CITY-ST-ZIP **DUNNELLON FL 34434**

TITLE Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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) 1/18/02 352-489-2009
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR1001

CR2E037 (9/01)