


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90024 037 ****61.25

DOCUMENT # N96000002130					
1. Entity Name EDWARD W. PENNO AUXILIARY TO POST NO. 4864 LADIES 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2441603	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, MARY L 251 W. HOMEWAY LOOP CITRUS SPRINGS, FL 34434			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZIECH, FAY		NAME		
STREET ADDRESS	2465 W. ERIC DR.		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLO, FL 344343935		CITY-ST-ZIP		
TITLE	SRVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEPHERD, STELLA		NAME		
STREET ADDRESS	1895 W. BELGRADE DR		STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPGS, FL 344344924		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOCHT, ELIZABETH		NAME	SD	
STREET ADDRESS	8823 SW 196TH AVE RD		STREET ADDRESS	KIMMERING, ELIZABETH	
CITY-ST-ZIP	DUNNELLO, FL 344322633		CITY-ST-ZIP	11375 N. DEROSA TER	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, MARY L		NAME		
STREET ADDRESS	251 W. HOMEWAY LOOP		STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434		CITY-ST-ZIP	DUNNELLO, FL. 34433	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNETT, LOIS		NAME		
STREET ADDRESS	2479 W. ERIC DR.		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLO, FL 344322633		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, CHARANN		NAME	TR	
STREET ADDRESS	PO BOX 640104		STREET ADDRESS	QUEREUX, GLORIA	
CITY-ST-ZIP	BEVERLY HILLS, FL 34464		CITY-ST-ZIP	6771 N. FOXDALE DR.	
				CITRUS SPGS., FL. 344348119	
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: <i>Mary L. Martin</i> (MARY L. MARTIN)				1/17/05 352-489-2009	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	