


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90017 014 ****61.25

(N96000002130N)

01112006 Chg-NP CR2E037 (11/05)

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		
Zip	Country	Zip	Country	4. FEI Number 59-2441603	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P ZIECH, FAY 2465 W. ERIC DR. DUNNELLON, FL 344343935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hertz, Sharon 1215 W. CAIRO DR. CITRUS SPGS, FL. 344343437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP SHEPHERD, STELLA 1895 W. BELGRADE DR CITRUS SPGS, FL 344344924	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP PARKS, JENNIE 2298 W. Tee Circle CITRUS SPGS., FL. 344345178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIMMERING, ELIZABETH 11375 N. DEROSA TER DUNNELLON, FL 34433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Shepherd, Stella 1895 W. Belgrade Dr. CITRUS SPGS., FL. 344344924	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, MARY L 251 W. HOMEWAY LOOP CITRUS SPRINGS, FL 34434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BURNETT, LOIS 2479 W. ERIC DR. DUNNELLON, FL 344322633	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Wear, Beth 1206 S.W. Shorewood Dr. DUNNELLON, FL. 344313848	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR QUEREUX, GLORIA 6771 N. FOXDALE DR CITRUS SPRINGS, FL 344348119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Mary L. Martin</u> (Mary L. Martin) Treasurer 2/1/06 352-489-2009					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>DATE</small>					
<small>DAYTIME PHONE #</small>					