



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90026 022 ****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		40051527 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01122007 Chg-NP CR2E037 (12/06)	
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 MARTIN, MARY L 251 W. HOMEWAY LOOP CITRUS SPRINGS, FL 34434			7. Name and Address of New Registered Agent Name <u>GRACE M. DRISKILL</u> Street Address (P.O. Box Number is Not Acceptable) <u>9140 N. HAMMOND Way</u> <u>CITRUS Springs FL</u> City <u>FL</u> Zip Code <u>34434</u>		
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 <u>GRACE M. DRISKILL, Treas.</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Grace M Driskill</u> (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. PARKS, JENNIE 2298 W. TEE Circle CITRUS SPRINGS, FL 34434	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. V-Pres. Kimmerling, BETTY 11375 N. DeROSA TERR. DUNNELLON, FL 34433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIMMERLING, ELIZABETH 11375 N. DEROSA TER DUNNELLON, FL 34433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy. ANDREA TATLOCK 75 W. KENTWOOD PL. CITRUS SPRINGS, FL 34434	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. GRACE M. DRISKILL 9140 N. HAMMOND Way CITRUS SPRGS, FL 34434	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Ziech, FAY 2465 W. ERIC DR. CITRUS SPRINGS, FL 34434	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Findlay, CAROL 8750 N. EKAM Blvd. CITRUS SPRGS, FL 34434	<input checked="" 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>GRACE M. DRISKILL</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>Grace M Driskill</u> Date	
				352-489-7633 Daytime Phone #	