

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 02, 2009  
Secretary of State

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**Entity Name:** EDWARD W. PENNO AUXILIARY TO POST NO. 4864 LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

10199 NORTH CITRUS SPRINGS BLVD.  
CITRUS SPRINGS, FL 34434

**New Principal Place of Business:**

**Current Mailing Address:**

10199 NORTH CITRUS SPRINGS BLVD.  
CITRUS SPRINGS, FL 34434

**New Mailing Address:**

FEI Number: 59-2441603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WAGNER, CAROLE J  
579 W. GRAPEWOOD LANE  
CITRUS SPRINGS, FL 34434 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TR ( ) Delete  
Name: WAGNER, CAROLE S  
Address: 579 GRAPEWOOD DRIVE  
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: S ( ) Delete  
Name: ZITCH, FAY  
Address: 8750 W. ERIC DRIVE  
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: V ( ) Delete  
Name: KIMMERLING, BETTY  
Address: 11375 N. DEROSA TER  
City-St-Zip: DUNNELLON, FL 34433

Title: 3VP ( ) Delete  
Name: TATLOCK, ANDREA  
Address: 75 W KENTWOOD PL  
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: D ( ) Delete  
Name: FINDLAY, CAROL  
Address: 8750 N ELKAM BLVD  
City-St-Zip: CITRUS SPRINGS, FL 344348119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE J. WAGNER

TR

04/02/2009

Electronic Signature of Signing Officer or Director

Date