

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90949 032 \*\*\*\*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. 10199 NORTH CITRUS SPRINGS BLVD.  
CITRUS SPRINGS FL 34434 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  **\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

**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 \_\_\_\_\_ (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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURNETT, LOIS</b>	
STREET ADDRESS	<b>2479 W ERIC DRIVE</b>	
CITY-ST-ZIP	<b>CITRUS SPRINGS FL 34434</b>	
TITLE	<b>SRVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CRIST, DORIS E</b>	
STREET ADDRESS	<b>4725 E SHOREWOOD DR</b>	
CITY-ST-ZIP	<b>HERNANDO FL 34442</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ZIECH, FAY</b>	
STREET ADDRESS	<b>2465 W. ERIC DR.</b>	
CITY-ST-ZIP	<b>CITRUS SPRINGS FL 34434</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, MARY L</b>	
STREET ADDRESS	<b>251 W. HOMEWAY LOOP</b>	
CITY-ST-ZIP	<b>CITRUS SPRINGS FL 34434</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHEEHAN, JOAN M</b>	
STREET ADDRESS	<b>9155 N CEDAR COVE RD</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34434</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JANE, CARLBERG</b>	
STREET ADDRESS	<b>9835 SW 202 AVENUE RD</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAY ZIECH</b>	
STREET ADDRESS	<b>2465 W. ERIC DR.</b>	
CITY-ST-ZIP	<b>CITRUS SPGS., FL. 34434-3935</b>	
TITLE	<b>SRVP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STELLA SHEPHERD</b>	
STREET ADDRESS	<b>1895 W. BELGRADE DR.</b>	
CITY-ST-ZIP	<b>CITRUS SPGS., FL. 34434-4924</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELIZABETH FOCHT</b>	
STREET ADDRESS	<b>8823 SW 196th AVE. Rd.</b>	
CITY-ST-ZIP	<b>DUNNELLON, FL. 34432-2633</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lois BURNETT</b>	
STREET ADDRESS	<b>2479 W. ERIC DR.</b>	
CITY-ST-ZIP	<b>CITRUS SPGS., FL. 34434-3935</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARANN SCHWARTZ</b>	
STREET ADDRESS	<b>P.O. BOX 640104</b>	
CITY-ST-ZIP	<b>Beverly Hills, FL. 34464</b>	

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 APR. 14, 2003 352-489-2009

CR2E037 (10/02)