

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 25, 2004
Secretary of State**

DOCUMENT# N98000000699

Entity Name: EUGENE QUINN, INC. AUXILIARY TO POST NO. 4337, LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS OF THE UNITED STATES.

Current Principal Place of Business:

906 HWY 44 EAST
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

906 HWY 44 EAST
INVERNESS, FL 34450 US

New Mailing Address:

FEI Number: 59-1940834 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SELF, JACQUELYN R.
10430 E FORTNER DRIVE
INVERNESS, FL 34450

Name and Address of New Registered Agent:

SELF JACQUELYN R.
10430 E FORTNER DRIVE
INVERNESS, FL 34450

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: JACQUELYN R.SELF 07/25/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FORTIN, THERESE
Address: 7500 N. JUNGLE CAMP
City-St-Zip: INVERNESS, FL 34450

Title: VPD () Delete
Name: HAYS, JEAN
Address: 8160 E. SENECA ST.
City-St-Zip: INVERNESS, FL 34452

Title: TD () Delete
Name: SELF, JACQUELYN R
Address: 10430 E FORTNER DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: S () Delete
Name: MARTIN, GLENDA
Address: 4167 S. CANTON TERR.
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: UNDERWOOD, MARY
Address: PO BOX 743
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: VPD (X) Change () Addition
Name: KING, CYNTHIA
Address: 13015 E. ONODAGA TRAIL
City-St-Zip: INVERNESS, FL 34450

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 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 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: JACQUELYN R. SELF TREA 07/25/2004

Electronic Signature of Signing Officer or Director Date