| FEI Number: 59-6162517   |  | Certificate of Status Desired: No |    | ed: No             |  |
|--|--|-----------------------------------|----|--------------------|--|
| Name and Address of Current Registered Agent:  |  |                                   |    |                    |  |
| SHEPHERD, ROBERT QM<br>10199 N. CITRUS SPRINGS BLVD.<br>CITRUS SPRINGS, FL 34434 US  |  |                                   |    |                    |  |
| 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  | ROBERT SHEPHERD                          |                                   |    | 01/16/2013         |  |
| SIGNATURE  | Electronic Signature of Registered Agent |                                   |    | 01/16/2013<br>Date |  |
| Officer/Direc  | Electronic Signature of Registered Agent |                                   |    |                    |  |
|  | Electronic Signature of Registered Agent | Title                             | CD |                    |  |
| Officer/Direc  | Electronic Signature of Registered Agent | Title<br>Name                     |    |                    |  |

# 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 766299**

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

### Current Principal Place of Business:

10199 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434

## **Current Mailing Address:**

10199 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 US

City-State-Zip: CITRUS SPRINGS FL 34434

## FEI Number: 59-6162517

### Ν

I hereby 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 all other like empowered.

| SIGNATURE: ROBERT S | SHEPHERD |
|---------------------|----------|
|---------------------|----------|

QM

City-State-Zip: CITRUS SPRINGS FL 34434

Electronic Signature of Signing Officer/Director Detail

FILED Jan 16, 2013 Secretary of State CC5331055537

Date