


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 762403</b> 1. Entity Name HANNITON WATTS POST 193 INCORPORATED	
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Principal Place of Business C/O BENNY BAILEY 2708 N 12TH AVE PENSACOLA, FL 32503-4608 US	Mailing Address C/O BENNY BAILEY 2708 N 12TH AVE PENSACOLA, FL 32503-4608 US
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2236356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOLMES, JOSEPH G CMDR  
2708 N 12TH AVE.  
PENSACOLA, FL 32503

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

*1/22/08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000809410  
02/08/08 00021 007 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, JOSEPH 2708 N 12TH AVENUE PENSACOLA, FL 325034608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, AL 2708 N 12TH AVENUE PENSACOLA, FL 325034608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAILEY, BENNY 2708 N 12TH AVENUE PENSACOLA, FL 325034608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO BYRD, WILLIAM 2708 N 12TH AVENUE PENSACOLA, FL 325034608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJ FORD, EUGENE 2708 N. 12TH AVENUE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Commander*  
Date

*1/22/08*  
Daytime Phone #