

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N05363	
1. Entity Name BRADY OWENS POST NO. 7193 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	

Principal Place of Business % RALPH T CROSKEY 2031 SW 5TH PLACE OCALA, FL 34474	Mailing Address % RALPH T CROSKEY 2031 SW 5TH PLACE OCALA, FL 34474
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DO NOT WRITE IN THIS SPACE

07082005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-2343278	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent CROSKEY, RALPH T 2031 SW 5TH PLACE OCALA, FL 34474	
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3. 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.

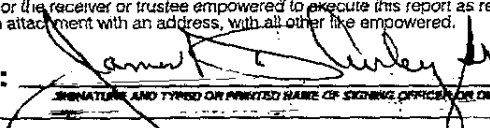
SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when reappointment) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CURLEY, JAMES A SR 1238 NE 28TH ST. OCALA, FL 344703775
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD THOMPSON, MARION 10920 SW 82ND TERR OCALA, FL 344819601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A PERKINS, FRANK B PO BOX 247 BELLEVIEW, FL 34421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QD CROSKEY, RALPH T 2031 SW 5TH PLACE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000372129
07/11/05-80019-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Date June 8-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	