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	Mailing Address
% RALPH T CROSKEY 2031 SW 5TH PLACE OCALA, FL 34474	% RALPH T CROSKEY 2031 SW 5TH PLACE OCALA, FL 34474

07082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2343278
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROSKEY, RALPH T
2031 SW 5TH PLACE
OCALA, FL 34474

7. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CURLEY, JAMES A SR
STREET ADDRESS	1238 NE 28TH ST.
CITY-ST-ZIP	OCALA, FL 344703775
TITLE	VCD
NAME	THOMPSON, MARION
STREET ADDRESS	10920 SW 82ND TERR
CITY-ST-ZIP	OCALA, FL 344819601
TITLE	A
NAME	PERKINS, FRANK B
STREET ADDRESS	PO BOX 247
CITY-ST-ZIP	BELLEVIEW, FL 34421
TITLE	QD
NAME	CROSKEY, RALPH T
STREET ADDRESS	2031 SW 5TH PLACE
CITY-ST-ZIP	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)(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: James A Curley Jr June 8-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #