2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N05363

Entity Name: BRADY OWENS POST NO. 7193 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

2420 NW 24TH ROAD
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2420 NW 24TH ROAD
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-2343278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VANCE, LESTER B
2420 NW 24TH ROAD
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	CURLEY, JAMES A SR	
Address:	1238 NE 28TH ST.	
City-St-Zip:	OCALA, FL 344703775	
Title:	VD	( ) Delete
Name:	HART, MARK	
Address:	2105 SW 7TH PLACE	
City-St-Zip:	OCALA, FL 34474	
Title:	A	( ) Delete
Name:	PERKINS, FRANK B	
Address:	PO BOX 247	
City-St-Zip:	BELLEVIEW, FL 34421	
Title:	QD	( ) Delete
Name:	VANCE, LESTER B	
Address:	2420 NW 24TH ROAD	
City-St-Zip:	OCALA, FL 34474	
Title:	CD	( ) Delete
Name:	THOMPSON, MARION	
Address:	10920 SW 82ND TERRACE	
City-St-Zip:	OCALA, FL 34481	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated 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 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: LESTER B VANCE QM 01/20/2009
Electronic Signature of Signing Officer or Director — Date