

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05363

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

**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 ( )**

**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  
Name: CURLEY, JAMES A SR  
Address: 1238 NE 28TH ST.  
City-St-Zip: OCALA, FL 344703775

Title: VD  
Name: HART, MARK  
Address: 2105 SW 7TH PLACE  
City-St-Zip: OCALA, FL 34474

Title: A  
Name: PERKINS, FRANK B  
Address: PO BOX 247  
City-St-Zip: BELLEVIEW, FL 34421

Title: QD  
Name: VANCE, LESTER B  
Address: 2420 NW 24TH ROAD  
City-St-Zip: OCALA, FL 34474

Title: CD  
Name: THOMPSON, MARION  
Address: 10920 SW 82ND TERRACE  
City-St-Zip: OCALA, FL 34481

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: LESTER B VANCE

QD

02/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date