

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrath
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001983 (6)

1. Corporation Name
**THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA, I
NC.**

Principal Place of Business Mailing Address
4223 CENTER STREET OMAHA NE 68105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/27/1993** 3a. Date of Last Report **04/19/1994**
4. FEI Number **47-0400508** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------|
| TITLE | C |
| NAME | CURTISS, ELDEN FRANCISS |
| STREET ADDRESS | 100 N. 62ND STREET |
| CITY - ST - ZIP | OMAHA NE |
| TITLE | V |
| NAME | CONNOLLY, THOMAS J |
| STREET ADDRESS | 911 SE ARMOUR |
| CITY - ST - ZIP | BEND OR |
| TITLE | VP |
| NAME | GERBER, EUGENE J |
| STREET ADDRESS | 424 N. BROADWAY |
| CITY - ST - ZIP | WICHITA KS 67202 |
| TITLE | V |
| NAME | LESSARD, RAYMOND W |
| STREET ADDRESS | 601 E LIBERTY STR |
| CITY - ST - ZIP | SAVANNAH GA |
| TITLE | PT |
| NAME | RUTH, DONALD E |
| STREET ADDRESS | 4223 CENTER STREET |
| CITY - ST - ZIP | OMAHA NE 68105 |
| TITLE | VSAT |
| NAME | BEVERIDGE, JOSEPH T |
| STREET ADDRESS | 4223 CENTER STREET |
| CITY - ST - ZIP | OMAHA NE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------|--|
| 1.1 TITLE | C/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | Omaha, NE 68132 | |
| 2.1 TITLE | V/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | Bend, OR 97702 | |
| 3.1 TITLE | V/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | V/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | Savannah, GA 31401 | |
| 5.1 TITLE | P/CEO/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | V/S/AT/COO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | Omaha, NE 68105 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (changed, or on an attachment) with an addition.

SIGNATURE: Donald E. Ruth **Donald E. Ruth** 4/25/95 **(402) 551-8765**
Signature and typed or printed name of signing officer or director Date Daytime Phone #