

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000001983 (6)

1. Corporation Name

THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA, INC.



Principal Place of Business

Mailing Address

4223 CENTER STREET
OMAHA NE 68105

4223 CENTER STREET
OMAHA NE 68105

3. Date Incorporated or Qualified
04/27/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

47-0400508

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CT
NAME CURTISS, ELDEN FRANCISS DELETE
STREET ADDRESS 100 N. 62ND STREET
CITY - ST - ZIP OMAHA NE

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP Omaha, NE 68132

TITLE VT
NAME CONNOLLY, THOMAS J DELETE
STREET ADDRESS 911 SE ARMOUR
CITY - ST - ZIP BEND OR

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP Bend, OR 97708

TITLE VT
NAME GERBER, EUGENE J DELETE
STREET ADDRESS 424 N. BROADWAY
CITY - ST - ZIP WICHITA KS

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP Wichita, KS 67202

TITLE VT
NAME LESSARD, RAYMOND W DELETE
STREET ADDRESS 601 E LIBERTY STR
CITY - ST - ZIP SAVANNAH GA

41 TITLE Change Addition
42 NAME V/T
43 STREET ADDRESS Keleher, James P.
44 CITY - ST - ZIP 12615 Parallel
Kansas City, KS 66109

TITLE PCOT
NAME RUTH, DONALD E DELETE
STREET ADDRESS 4223 CENTER STREET
CITY - ST - ZIP OMAHA NE

51 TITLE Change Addition
52 NAME P/CEO/T
53 STREET ADDRESS
54 CITY - ST - ZIP Omaha, NE 68105

TITLE VSAT
NAME BEVERIDGE, JOSEPH T DELETE
STREET ADDRESS 4223 CENTER STREET
CITY - ST - ZIP OMAHA NE

61 TITLE Change Addition
62 NAME V/S/AT/COO
63 STREET ADDRESS
64 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 if changed, or on an attachment with an address.

SIGNATURE:

Donald E. Ruth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald E. Ruth 4/15/96 (402)551-8765

Date

Daytime Phone #

CR2E037 (12/95)