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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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, I NC.



Principal Place of Business

Mailing Address

4223 CENTER STREET
OMAHA NE 68105

4223 CENTER STREET
OMAHA NE 68105-2431

3. Date Incorporated or Qualified
04/27/1993

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

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

1.1 TITLE Change Addition
1.2 NAME Curtiss, Elden Francis
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Omaha, NE 68132

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

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Bend, OR 97708

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

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Wichita, KS 67202

TITLE VT DELETE
NAME KELEHER, JAMES P.
STREET ADDRESS 12615 PARALLEL
CITY-ST-ZIP KANSAS CITY KS

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Kansas City, KS 66109

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

5.1 TITLE Change Addition
5.2 NAME P/CEO/T
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Omaha, NE 68105

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

6.1 TITLE Change Addition
6.2 NAME V/S/AT/COO
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Omaha, NE 68105

14. I do 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 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

Date

(402) 551-8765

Daytime Phone # 0076297

CR2E037 (9/96)