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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

F93000001983 (6)

THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA, I NC.

Principal Place of Business **4223 CENTER STREET** OMAHA NE 68105

2. Principal Place of Business

Mailing Address

2a. Mailing Address

4223 CENTER STREET OMAHA NE 68105-2431

FILED May 01 1997 8:00am Secretary of State



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

Applied For

3. Date Incorporated or Qualified 04/27/1993

4. FEI Number

City & State City & State City & State S. Election Compaging Financing S.0.0 May Be Added to Face Zip Country Zip So S. This corporation has liability for intemplies tax under a 1.190.032. Pioride Statutes No. Name and Address of New Registered Agent S. This corporation has liability for intemplies tax under a 1.190.032. Pioride Statutes No. Name and Address of New Registered Agent S. This corporation has liability for intemplies tax under a 1.190.032. Pioride Statutes No. Name and Address of New Registered Agent S. This corporation is static statement for the provisions of Section 67.002 and 617.1008. Pioride Statutes P.0. Six number is Not Acceptable) S. Discourse Financial S. Discourse Fina	11		26			47-0400508	No	Not Applicable	
City & State Country Zip	Suite, Apt. #			etc.		5. Certificate of Status Desired	****		
Zip			City & State			,			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 84 65 67 11. Pursuant to the provisions of Sections 617,0502 and 617 1508. Florida Statute, the about set of Fordian Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia Statute, the about set of Fordian Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Fordia Statute, the about set of Fordian Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Fordia Statute, the about set of Fordian Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Fordia Statute, the about set of Fordian Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Fordia Statute, the about set of Fordian Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the state agent a			 					199.032,	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 86 City FL 86 87 87 87 87 88 89 11. Fursuant to the provisions of Sections 617,0502 and 617 1608. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and the scept the obligations of. Section 617,0503, Florids Statutes. 89 11. Fursuant to the provisions of Sections 617,0502 and 617 1608. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and the flagolisates described beligation of Section 617,0503, Florids Statutes. 80 81 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 86 87 87 87 88 89 80 80 80 80 81 81 81 82 81 84 City 84 85 85 86 86 87 87 87 87 87 87 87 87		9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 11. Pursuant to the provisions of Sections 617,0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing fite registered algorit or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algorit or both, and accept the obligations of, Section 617,0503, Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. TI				81	Name				
T1. 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 agent 1 am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. The company of the corporation's board of directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. Signature	1200 S. PINE ISLAND ROAD								
11. Pursuant to the provisions of Sections 617.050/2 and 617.150/8. 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 agent in the statement for the purpose of changing its registered office or registered agent agent and state agent. I am farminiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Telegrature types or private name or registered agent and state it applicable Private									
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 in a manufacturity in an decopt the obligations of, section 617.0503, florida Sisteutes. Signature byeas or printed name of registered agent and like if applicable. NOTE Registered Agent byeas or printed name of registered agent and like if applicable. NOTE Registered Agent byeas or printed name of registered agent and like if applicable. NOTE Registered Agent byeas or printed name of registered agent and like if applicable. NOTE Registered Agent byeas or printed name of registered agent and like if applicable. NOTE Registered Agent byeas or printed name of registered agent and like if applicable. NOTE Registered Agent byeas or printed name of registered agent by addition. 13.				84	City		FL 85 Zip C	Code	
12. OFFICERS AND DIRECTORS ITHE CT CT DELETE 1.1 TITLE CURTISS, ELDEN FRANCISS SIREET ADDRESS CHY-SI-ZIP OMAHA NE CONNOLLY, THOMAS J STREET ADDRESS CHY-SI-ZIP STREET ADDRESS CHY-SI-ZIP MAME CONNOLLY, THOMAS J STREET ADDRESS CHY-SI-ZIP BEND OR 10 DELETE 21 TITLE 22 NAME 22 NAME 23 STREET ADDRESS CHY-SI-ZIP BEND OR 24 CHY-SI-ZIP MICHITA KS CHY-SI-ZIP WICHITA KS CHY-SI-ZIP WICHITA KS CHY-SI-ZIP MAME KELEHER, JAMES P. STREET ADDRESS CHY-SI-ZIP MICHITA KS CHY-SI-ZIP MICH	office or re agent. I an SIGNATURE	egistered agent, or both, in the State on the state of th	of Florida. Such change was tions of, Section 617.0503, F	authorized by Torida Statute	the corporat s.	ion's board of directors. I hereby accept the	e appointment as	s registered registered	
TITLE CURTISS, ELDEN FRANCISS SIREET ADDRESS OMAHA NE CONNOLLY, THOMAS J STREET ADDRESS OTY-ST-ZPP NAME CONNOLLY, THOMAS J STREET ADDRESS OTY-ST-ZPP NAME CONNOLLY, THOMAS J STREET ADDRESS OTY-ST-ZPP NAME GERBER, EUGENE J STREET ADDRESS OTY-ST-ZPP NAME GERBER, EUGENE J STREET ADDRESS OTY-ST-ZPP NAME STREET ADDRESS OTY-ST-ZPP STREET ADDRESS OTY-ST-ZPP NAME STREET ADDRESS OTY-ST-ZPP NAME STREET ADDRESS OTY-ST-ZPP NAME STREET ADDRESS OTY-ST-ZPP NAME STREET ADDRESS OTY-ST-ZPP OMAHA NE CITY-ST-ZPP OMAHA NE CONNAL STREET ADDRESS OTY-ST-ZPP OT					ent signature requir			0 10 40	
NAME CURTISS, ELDEN FRANCISS 13 NAME CURTISB, ELDEN FRANCISS 13 STREET ADDRESS 100 N. 62ND STREET					 	ADDITIONS/CHANGES TO OFFICERS			
100 N	TITLE		L. DELETE	1.4 TITLE	_		(X) Change	L_J Addition	
OMAHA NE OMAHA	NAME	Curtiss, Elden Franciss		1.2 NAME	C	urtiss, Elden Francis			
DELETE 21 TITLE CONNOLLY, THOMAS J 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS 911 SE ARMOUR 23 STREET ADDRESS 911 SE ARMOUR 24 STREET ADDRESS 911 SE ARMOUR 24 STREET ADDRESS 8 Dend, OR 97708	STREET ADDRESS	100 N. 62ND STREET		1.3 STREET	ADDRESS				
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NAME GERBER, EUGENE J 3.2 NAME 3.3 STREET ADDRESS 424 N. BROADWAY 3.3 STREET ADDRESS 3.4 CITY-SI-ZIP WICHITA KS 67202 Additional Control of the con	CITY-ST-ZIP				SI-SIP B	end, OR 97708	F. 5-1 ALCOHOL	1 1 4 4 700	
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NAME	STREET ADDRESS	424 N. BROADWAY		3.3 STREET	ADDRESS				
DELETE	CITY-ST-7iP	***		3.4. CITY-	ST-7IP W	ichita, KS 67202			
NAME STREET ADDRESS 12615 PARALLEL CITY-SI-ZIP KANSAS CITY KS 14.0 ITY-SI-ZIP NAME RUTH, DONALD E STREET ADDRESS CITY-SI-ZIP OMAHA NE DELETE S1 TITLE PCEO/T Kansas City, KS 66109 Change Additio Ad			DELETE				Change	Addition	
12615 PARALLEL		* *					-		
CHY-SI-ZIP KANSAS CITY KS									
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CITY-S1-ZIP OMAHA NE 64 CITY-S1-ZIP Omaha, NE 68105	.,	· _ · - · - · · · · ·			ADDRESS	•			
	ľ					maha, 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			with this filing does not gua			in Section 119.07(3)(i), Florida Statutes. I	further certify that	the	

appears in Block 12 or Block 13 if change