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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000001983

1. Corporation Name
THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA, INC.

Principal Place of Business
 4223 CENTER STREET
 OMAHA NE 68105

Mailing Address
 4223 CENTER STREET
 OMAHA NE 68105



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/27/1993	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	47-0400508	
24	Country	29	Country	Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/>	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/>	
Trust Fund Contribution				\$5.00 May Be Added to Fees	

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

11. Pursuant to the provisions of Sections 617.0503 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NO "E" Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURTISS, ELDEN FRANCIS		1.2 NAME		
STREET ADDRESS	100 N. 62ND STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68132		1.4 CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNOLLY, THOMAS J		2.2 NAME		
STREET ADDRESS	911 SE ARMOUR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BEND OR 97708		2.4 CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERBER, EUGENE J		3.2 NAME		
STREET ADDRESS	424 N. BROADWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	WICHITA KS 67202		3.4 CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELEHER, JAMES P.		4.2 NAME		
STREET ADDRESS	12615 PARALLEL		4.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY KS 66109		4.4 CITY-ST-ZIP		
TITLE	PCET	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUTH, DONALD E		5.2 NAME	Joseph T. Beveridge	
STREET ADDRESS	4223 CENTER STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68105		5.4 CITY-ST-ZIP		
TITLE	VSTC	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEVERIDGE, JOSEPH T		6.2 NAME	Michael A. Intrieri	
STREET ADDRESS	4223 CENTER STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68105		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered

SIGNATURE: *Joseph T. Beveridge* SIGNATURE RECORDED: **Joseph T. Beveridge** 4/20/99 (402) 551-8765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)