#### 2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004597

Entity Name: CREDIT ADVISORS FOUNDATION, A CORPORATION

FILED
Mar 06, 2018
Secretary of State
CC8417022482

## **Current Principal Place of Business:**

1818 S. 72ND STREET OMAHA, NE 68124

# **Current Mailing Address:**

1818 S. 72ND STREET OMAHA. NE 68124

FEI Number: 47-0751100 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN STREET SUITE 4 TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title P/D Title S

NameHOHMAN, ELEANOR ANameHARPER, MICHAELA MAddress1818 S. 72ND STREETAddress1818 S. 72ND STREETCity-State-Zip:OMAHA NE 68124City-State-Zip: OMAHA NE 68124

Title D Title D

Name PHILLIPS, DAVE Name KOCH, PAUL

Address 1818 SOUTH 72ND STREET Address 1818 SOUTH 72ND STREET

City-State-Zip: OMAHA NE 68124 City-State-Zip: OMAHA NE 68124

Title D Title DIRECTOR

Name BUGLEWICZ, ROBERT Name DAVIS, JUDY A

Address 1818 SOUTH 72ND STREET Address 1818 S. 72ND STREET

City-State-Zip: OMAHA NE 68124 City-State-Zip: OMAHA NE 68124

Title DIRECTOR Title DIRECTOR

Name REDMOND. ROGER Name PICON, JUAN

Address 1818 SOUTH 72ND STREET Address 1818 SOUTH 72ND STREET

City-State-Zip: OMAHA NE 68124 City-State-Zip: OMAHA NE 68124

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELEANOR HOHMAN

**PRESIDENT** 

03/06/2018