

# 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 # 719575 (3)**

1. Corporation Name

**THE CATHOLIC MENS BUILDING ASSOCIATION INC. OF S  
SEBRING, FLORIDA**



Principal Place of Business

Mailing Address

900 US HWY 27 N.  
SEBRING FL 33870-2162

900 US HWY 27 N.  
SEBRING FL 33870-2162

3. Date Incorporated or Qualified  
**10/26/1970**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DITOMA, LEONARD F.S.  
233 QUAIL AVE  
SEBRING FL 33872**

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

TITLE ☐ DELETE

NAME  
VD  
RUSSELL, GUGINO A  
STREET ADDRESS  
4201 THOMPSON AVE.  
CITY - ST - ZIP  
SEBRING FL 33872

TITLE ☐ DELETE

NAME  
FSD  
DITOMA, LEONARD A  
STREET ADDRESS  
233 QUAIL AVE.  
CITY - ST - ZIP  
SEBRING FL 33872

TITLE ☐ DELETE

NAME  
T  
LACOUNT, RAYMOND W  
STREET ADDRESS  
4610 SAND WEDGE WAY  
CITY - ST - ZIP  
SEBRING FL 33872

TITLE ☐ DELETE

NAME  
PD  
FIELDS, WILLIAM O  
STREET ADDRESS  
2717 QUEENSWOOD DRIVE  
CITY - ST - ZIP  
SEBRING FL 33872

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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, on an attachment with an address.

**SIGNATURE:**

*RAYMOND W. LACOUNT*  
*Raymond W. Lacount*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96

Date

941-382-9120

Daytime Phone #

CR2E037 (12/95)