

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719575** (3)

1. Corporation Name

**THE CATHOLIC MENS BUILDING ASSOCIATION INC. OF S  
EBRING, 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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/26/1970</b>		3a. Date of Last Report <b>04/24/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>23-7276825</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RUSSELL, GUGINO A			1.2 NAME	GEORGE MARTIN		
STREET ADDRESS	4201 THOMPSON AVE.			1.3 STREET ADDRESS	3802 THUNDERBIRD HILL CIR.		
CITY-ST-ZIP	SEBRING FL 33872			1.4 CITY-ST-ZIP	SEBRING FL 33872		
TITLE	FSD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DITOMA, LEONARD A			2.2 NAME			
STREET ADDRESS	233 QUAIL AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL 33872			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LACOUNT, RAYMOND W			3.2 NAME			
STREET ADDRESS	4610 SAND WEDGE WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL 33872			3.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIELDS, WILLIAM O			4.2 NAME			
STREET ADDRESS	2717 QUEENSWOOD DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 **GEORGE MARTIN**

*George T. Martin* 4-15-97

CR2E037 (9/96)