FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
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DOCUMENT # 719575

1. Corporation Name
THE CATHOLIC MENS BUILDING ASSOCIATION INC. OF S EBRING, FLORIDA

Principal Place of Business
900 US HWY 27 N.
SEBRING FL 33870-2162

Mailing Address
900 US HWY 27 N.
SEBRING FL 33870-2162

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/26/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7276825 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
MARTIN, GEORGE
3802 THUNDERBIRD HILL CIR.
SEBRING FL 33872

10. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE T ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME RUSSELL, GUGINO A		1.2 NAME	
STREET ADDRESS 4201 THOMPSON AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		1.4 CITY-ST-ZIP	
TITLE FSD ☒ DELETE		2.1 TITLE	☐ Change ☐ 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 ☐ DELETE		3.1 TITLE	☐ Change ☐ 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 P ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME MARITN, GEORGE		4.2 NAME	
STREET ADDRESS 3802 THUNDERBIRD HILL CIR.		4.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		4.4 CITY-ST-ZIP	
TITLE T ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME FIELDS, WILLIAM C.		5.2 NAME	
STREET ADDRESS 2717 QUEENSWOOD DR		5.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING, FL 33872		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

B 3/29/99 3.01.99 90637046 612-5

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: SIGNATURE REQUIRED RUSSELL A. GUGINO 1/29/99 941-385-2446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)