2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State **DOCUMENT # 719575** 1. Entity Name THE CATHOLIC MENS BUILDING ASSOCIATION INC. OF S 05-21-2002 91214 021 ****61.25 EBRING, FLORIDA Principal Place of Business Mailing Address 900 US HWY 27 N. 900 US HWY 27 N. SEBRING FL 33870-2162 SEBRING FL 33870-2162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 23-7276825 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired ____ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ASHLEY, STEPHEN Street Address (P.O. Box Number is Not Acceptable) CONNELLY BERNARD XXX X1227XMHISPERKLARKXBLXDXNLX 3,503 DAUPHINE STREET XSEBBINGXFLX338X0X Zip Code City 33872 SEBRING 8. 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. \Box Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE TITLE ☐ Delete ASHLEY, STEPHEN NAME NAME STREET ADDRESS 35803 DAUPHINE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 ☐ Change Addition TITLE TITLE VT NAME NAME CARMINE AURIGEMMA 2717xQUENINSXVQQDx QPx x x x x x x x x x x x STREET ADDRESS STREET ADDRESS 3906 THUNDERBIRD HILL CIRCLE CITY-ST; ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE TETNOWSKI, FRANK S NAME NAME 3911 SUNBIRD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE CONNELLY, BERNARD A NAME NAME STREET ADDRESS 1227 WHISPER LAKE BLVD. N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE:

SIGNATURE

**GNATURE AND TYPED OR PRINTEDMANE OF SIGNING OFFICER OR DIRECTOR*

Date

Dayline Phone #

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