

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 06, 2009
Secretary of State

DOCUMENT# 719575

Entity Name: THE CATHOLIC MENS BUILDING ASSOCIATION INC. OF SEBRING, FLORIDA**Current Principal Place of Business:**900 US HWY 27 N.
SEBRING, FL 338702162**New Principal Place of Business:**1520 PROSPECT DR
SEBRING, FL 338702042**Current Mailing Address:**900 US HWY 27 N.
SEBRING, FL 338702162**New Mailing Address:**1520 PROSPECT DR
SEBRING, FL 338702042**FEI Number:** 23-7276825**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FLOOD, MICHAEL E
301 BASSAGE RD
SEBRING, FL 338755761 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLOOD, MICHAEL E
Address: 301 BASSAGE RD
City-St-Zip: SEBRING, FL 338755761

Title: VP () Delete
Name: STANTON, FRANCIS W
Address: 3852 RODEO DR
City-St-Zip: SEBRING, FL 338754783

Title: S () Delete
Name: TOMEK, EDWARD J
Address: 917 W BELL ST
City-St-Zip: AVON PARK, FL 338253411

Title: T () Delete
Name: MCLAUGHLIN, JOHN W
Address: 4713 DUFFER LOOP
City-St-Zip: SEBRING, FL 338721291

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL E. FLOOD

P

09/06/2009

Electronic Signature of Signing Officer or Director

Date