

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000005380

1. Entity Name
THE AMERICAN TAXPAYERS ASSOCIATION, INC.



Principal Place of Business
**10306 REGENCY PKWY DR
OMAHA, NE 68114**

Mailing Address
**10306 REGENCY PKWY DR
OMAHA, NE 68114**



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
47-0833849

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
BARRETT, THOMAS
10306 REGENCY PARKWAY DRIVE
OMAHA, NE 68114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BARRETT, FRANK J
10306 REGENCY PARKWAY DRIVE
OMAHA, NE 68114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARRETT, MARY
10306 REGENCY PARKWAY DRIVE
OMAHA, NE 68114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000002932
01/13/04-80034-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Frank J. Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank J. BARRETT Pres. 1-7-04

Date

4025977300