


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90015 036 \*\*\*\*70.00

<b>DOCUMENT # F03000000777</b>					
<b>1. Entity Name</b> LENDERS MUTUAL BENEFIT ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1212 N. 96TH STREET OMAHA, NE 68114			<b>Mailing Address</b> 1212 N. 96TH STREET OMAHA, NE 68114		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 33-1010166	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
OSGOOD, THOMAS 2674 RUNNING SPRINGS LOOP OVEIDO, FL 32765				Name Thomas Osgood Street Address (P.O. Box Number is Not Acceptable) Allen Brothers Inc. (KIA Bldg) 1970 N. Semoran Blvd. City Winter Park FL Zip Code 32792	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CD KIZER, RICHARD T 1212 N. 96TH STREET OMAHA, NE 68114	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, DENNIS P 10050 REGENCY CIRCLE, SUITE 200 OMAHA, NE 681143773	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SCHMID, JEFFREY R 8990 W. DODGE ROAD OMAHA, NE 68114	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P KIZER, T. EDWARD 1212 N. 96TH STREET OMAHA, NE 68114	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	ST WANNING, JEFFREY J 1212 N. 96TH STREET OMAHA, NE 68114	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>Jeffrey J. Wanning</b> <span style="float: right;">Date <b>1-6-04</b> (402) 399-3590</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					