


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000000777</b> 1. Entity Name LENDERS MUTUAL BENEFIT ASSOCIATION, INC.	
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Principal Place of Business 1212 N. 96TH STREET OMAHA, NE 68114	Mailing Address 1212 N. 96TH STREET OMAHA, NE 68114
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 33-1010166	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  OSGOOD, THOMAS ALLEN BROTHERS INC. 1011 N. WYMORE ROAD WINTER PARK, FL 32789	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000183577 01/19/05-80070-015 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KIZER, RICHARD T 1212 N. 96TH STREET OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, DENNIS P 10050 REGENCY CIRCLE, SUITE 200 OMAHA, NE 681143773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMID, JEFFREY R 8990 W. DODGE ROAD OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIZER, T. EDWARD 1212 N. 96TH STREET OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WANNING, JEFFREY J 1212 N. 96TH STREET OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **1/7/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #