

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000000777

1. Entity Name
LENDERS MUTUAL BENEFIT ASSOCIATION, INC.



Principal Place of Business
**1212 N. 96TH STREET
OMAHA, NE 68114**

Mailing Address
**1212 N. 96TH STREET
OMAHA, NE 68114**



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**OSGOOD, THOMAS
ALLEN BROTHERS INC.
1011 N. WYMORE ROAD
WINTER PARK, FL 32789**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	KIZER, RICHARD T
STREET ADDRESS	1212 N. 96TH STREET
CITY-ST-ZIP	OMAHA, NE 68114

TITLE	D
NAME	HOGAN, DENNIS P
STREET ADDRESS	10050 REGENCY CIRCLE, STE 200
CITY-ST-ZIP	OMAHA, NE 381143773

TITLE	D
NAME	SCHMID, JEFFREY R
STREET ADDRESS	8990 W. DODGE ROAD
CITY-ST-ZIP	OMAHA, NE 68114

TITLE	P
NAME	KIZER, T. EDWARD
STREET ADDRESS	1212 N. 96TH STREET
CITY-ST-ZIP	OMAHA, NE 68114

TITLE	ST
NAME	WANNING, JEFFREY J
STREET ADDRESS	1212 N. 96TH STREET
CITY-ST-ZIP	OMAHA, NE 68114

TITLE	V
NAME	AMODEO, JAIME M
STREET ADDRESS	1212 N. 96TH STREET
CITY-ST-ZIP	OMAHA, NE 68114

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01/31/07-80032-008-61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Edward Kizer 1-16-07 888-453-5125

Date

Daytime Phone #