


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90002 011 ****61.25

DOCUMENT # F03000003918			
1. Entity Name CELIAC SPRUE ASSOCIATION/UNITED STATES OF AMERICA, INC.			
Principal Place of Business CSA/USA, INC. 4402 LEAVENWORTH STREET OMAHA, NE 68105		Mailing Address CSA,USA, INC. PO BOX 31700 OMAHA, NE 68131-0700	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 4410 Leavenworth Street		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
05122005		Chg-NP CR2E037 (10/03)	
4. FEI Number 42-1261676		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAGAN, NORMA 3725 NE 169TH STREET B111 NORTH MIAMI BEACH, FL 33160 <i>Norma Kagan</i>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Norma Kagan</i>		DATE <i>5/18/05</i>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALEY, DIANE E 22 ISLAND DRIVE OLD BRIDGE, NJ 08857 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thomas P. Sullivan 1852 Brys Dr Grosse Point Woods, MI 48236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC SULLIVAN, THOMAS P 1852 BRYN DRIVE GROSSE POINTE WOODS, MI 48236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC Gary Powers 30 Park Place Easton, PA 18042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEVILLE, MARY P 1146 GREENBRIAR CT. SOUTH PARK, PA 15129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mary P Neville 1446 Greenbriar Ct South Park, PA 15129 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEEHAN, ROBERT 5007 NICHOLAS ST. OMAHA, NE 68132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Clark Kolterman 660 E Pine wood Seward, NE 68434 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEd SCHLUCKEBIER, MARY A 4402 LEAVENWORTH STREET OMAHA, NE 68105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEd Mary Schluckebier 4410 Leavenworth street Omaha, NE 68105 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LOCKE, WILLIAM A 1347 SWEET WILLOW DRIVE MIDLOTHIAN, VA 23114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mary Schluckebier</i>		Date <i>5-27-05</i> Daytime Phone # <i>402-643-4101</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	