


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90235 029 ****61.25

DOCUMENT # F03000003918					
1. Entity Name CELIAC SPRUE ASSOCIATION/UNITED STATES OF AMERICA, INC.					
Principal Place of Business CSA/USA, INC. 4410 LEAVENWORTH ST OMAHA, NE 68105		Mailing Address CSA/USA, INC. 4410 LEAVENWORTH ST OMAHA, NE 68105			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, THOMAS P		NAME	POWERS, GARY	
STREET ADDRESS	1852 BRYSDR		STREET ADDRESS	30 PARK PLACE	
CITY-ST-ZIP	GROSSE POINTE WOODS, MI 48236		CITY-ST-ZIP	EASTON PA 18042	
TITLE	VVC	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWERS, GARY		NAME	ELY, BELL	
STREET ADDRESS	30 PARK PLACE		STREET ADDRESS	2600 BLUE MOUNTAIN AVE	
CITY-ST-ZIP	EASTON, PA 18042		CITY-ST-ZIP	BERTHOUD CO 80513	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVILLE, MARY P		NAME	BLANK, JAMES	
STREET ADDRESS	1146 GREENBRIAR CT.		STREET ADDRESS	487 S OYSTER BAY RD	
CITY-ST-ZIP	SOUTH PARK, PA 15129		CITY-ST-ZIP	PLAINVIEW, NY 11803	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLTERMAN, CLARK		NAME		
STREET ADDRESS	660 E PINWOOD		STREET ADDRESS		
CITY-ST-ZIP	SEWARD, NE 68434		CITY-ST-ZIP		
TITLE	CE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLUCKEBIER, MARY A		NAME		
STREET ADDRESS	4410 LEAVENWORTH STREET		STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 68105		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, WILLIAM A		NAME		
STREET ADDRESS	1347 SWEET WILLOW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIDLOTHIAN, VA 23114		CITY-ST-ZIP		
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 <i>Mary Schluckebier</i>			Date <i>1-8-07</i> Daytime Phone # <i>877-272-4272</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

40084796

ATTACHMENT

Date Sent: _____

~~#F03000003918~~

Celiac Sprue Association Attachments for
Florida

- 1. Annual Report 2007:
- 2. Csa officer list 2007:

ATTACHMENT
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2007 National CSA elected officers

President	President-elect	Past president	Treasurer/ comptroller	Recording secretary
Gary Powers (610) 438-0205 30 Park Place Easton, PA 18042 president@csaceliacs.org	Bill Eyl (303) 772-3155 2600 Blue Mountain Ave Berthoud, CO 80513 presidentelect@ csaceliacs.org	Thomas P. Sullivan (313) 881-4526 1852 Brys Drive Grosse Pointe Woods, MI 48236 president@csaceliacs.org	Clark Kolterman (402) 643-6138 660 E. Pinewood Seward, NE 68434 treasurer@csaceliacs.org	James Blank, (516) 465-1313 487 S. Oyster Bay Rd. Plainview, NY 11803 recordingsecretary @csaceliacs.org

Region I: North Central
Illinois, Indiana, Iowa, Michigan,
Minnesota, Ohio, Wisconsin

Region I Director

William E. Morris
(920) 337-9235
1369 Graystone Ct.
De Pere, WI 54115
region1director@csaceliacs.org

Region I Member-at-large

Noreen McGing
(630) 745-1001
Chicago, IL 60646
region1memberatlarge@csaceliacs.org
4736 N. Keota Ave

Region IV: Southeast

Delaware, District of Columbia,
Florida, Georgia, Maryland, North
Carolina, South Carolina, Virginia,
West Virginia, Puerto Rico, Virgin Islands

Region IV Director

William A. Locke
(804) 794-7476
1347 Sweet Willow Drive
Midlothian, VA 23114
region4director@csaceliacs.org

Region IV Member-at-large

Connie Bodle
(843) 248-3279
2700 4th Ave.
Conway, SC 29527
region4memberatlarge@csaceliacs.org

Region II: South Central

Alabama, Arkansas, Kansas, Kentucky,
Louisiana, Mississippi, Missouri,
Oklahoma, Tennessee, Texas

Region II Director

Heather Mahieu Cline
(405) 235-1715
1403 Classen Dr.
Oklahoma City, OK 73106
region2director@csaceliacs.org

Region II Member-at-large

Cindy Faulkner
(913) 384-2276
5929 Reinhardt Dr.
Fairway, KS 66205
region2memberatlarge@csaceliacs.org

Region V: Northwest

Alaska, Idaho, Montana, Nebraska,
North Dakota, Oregon, South Dakota,
Washington, Wyoming

Region V Director

Mimi Frerichs
(308) 234-1200
4 Skyline Drive
Kearney, NE 68845
region5director@csaceliacs.org

Region V Member-at-large

Michael Jackson
(503) 436-9256
PO Box 169
Tolovana Park, OR 97145
region5memberatlarge@csaceliacs.org

Region III: Northeast

Connecticut, Maine, Massachusetts,
New Hampshire, New Jersey, New York,
Pennsylvania, Rhode Island, Vermont

Region III Director

Cliff Hauck
(716) 636-6028
30 Ainsley Ct.
Williamsville, NY 14221
region3director@csaceliacs.org

Region III Member-at-large

Paula Raleigh
(207) 787-2279
130 Kimball Corner
Naples, ME 04055
region3memberatlarge@csaceliacs.org

Region VI: Southwest

Arizona, California, Colorado,
Hawaii, New Mexico, Nevada, Utah,
Guam, Wake Island

Region VI Director

Lawrence Schneider
(480) 946-1010
7323 E. Valley View Rd.
Scottsdale, AZ 85250
region6director@csaceliacs.org

Region VI Member-at-large

Joan Van Loozenoord
(303) 933-1565
10 Purple Ash
Denver, CO 80127
region6memberatlarge@csaceliacs.org

Celiac Sprue Association, Inc.

Executive Director: Mary Schluckebier, M.A.
executivedirector@csaceliacs.org