

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003918

FILED
Jul 07, 2008
Secretary of State

Entity Name: CELIAC SPRUE ASSOCIATION/UNITED STATES OF AMERICA, INC.

Current Principal Place of Business:

CSA/USA, INC.
4410 LEAVENWORTH ST
OMAHA, NE 68105

New Principal Place of Business:

Current Mailing Address:

CSA/USA, INC.
4410 LEAVENWORTH ST
OMAHA, NE 68105

New Mailing Address:

FEI Number: 42-1261676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KAGAN, NORMA
3725 NE 169TH STREET B111
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWERS, GARY
Address: 30 PARK PLACE
City-St-Zip: EASTON, PA 18042

Title: V () Delete
Name: ELY, BILL
Address: 2600 BLUE MOUNTAIN AVE
City-St-Zip: BERTHOUD, CO 80513

Title: S () Delete
Name: BLANK, JAMES
Address: 487 S. OYSTER BAY RD
City-St-Zip: PLAINVIEW, NY 11803

Title: T () Delete
Name: KOLTERMAN, CLARK
Address: 660 E PINWOOD
City-St-Zip: SEWARD, NE 68434

Title: CED () Delete
Name: SCHLUCKEBIER, MARY A
Address: 4410 LEAVENWORTH STREET
City-St-Zip: OMAHA, NE 68105

Title: D () Delete
Name: LOCKE, WILLIAM A
Address: 1347 SWEET WILLOW DRIVE
City-St-Zip: MIDLOTHIAN, VA 23114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARK KOLTERMAN

Electronic Signature of Signing Officer or Director

TREA

07/07/2008

Date