

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02728

FILED
Apr 20, 2009
Secretary of State

Entity Name: DISMAS CHARITIES, INC.

Current Principal Place of Business:

2500 7TH ST. RD.
LOUISVILLE, KY 40208

New Principal Place of Business:

Current Mailing Address:

2500 7TH ST. RD.
LOUISVILLE, KY 40208

New Mailing Address:

FEI Number: 61-0663854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CD () Delete
Name: SIMON, JAMES T
Address: 304 CORNWALLIS COURT
City-St-Zip: LOUISVILLE, KY 40214

Title: SD () Delete
Name: BELL, CHESTER A
Address: 6508 DOWNS BRANCH ROAD
City-St-Zip: LOUISVILLE, KY 40228

Title: VD () Delete
Name: COOMES II, THOMAS L
Address: 701 FAIRHILL DRIVE
City-St-Zip: LOUISVILLE, KY 40207

Title: PM () Delete
Name: WEIS, RAYMOND J
Address: 513 NICKLEBY PL
City-St-Zip: LOUISVILLE, KY 40245

Title: TD () Delete
Name: CHANEY, JOHN R
Address: 2500 SEVENTH STREET ROAD
City-St-Zip: LOUISVILLE, KY 40208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: KING, MELINDA K
Address: 619 LAKE STERLING ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: VD (X) Change () Addition
Name: LUNDRIGAN, MAURICE
Address: 11725 PARAMOUNT WAY
City-St-Zip: PROSPECT, KY 40059

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

Title: TD (X) Change () Addition
Name: CHRISITANSON, DON P
Address: 7603 LAUREL HILL PLACE
City-St-Zip: PROSPECT, KY 40059

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: STEPHEN B. CLARK

CFO

04/20/2009

Electronic Signature of Signing Officer or Director

Date