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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **P30911** (2)

1. Corporation Name

COMBINED BENEFIT ASSOCIATION, INC.

Principal Place of Business

**2121 PRECINCT LINE
HURST TX 76054**

Mailing Address

**2121 PRECINCT LINE
HURST TX 76054-3136**

3. Date Incorporated or Qualified

09/13/1990

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24**25****29****30**

4. FEI Number

75-2274940

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD** ☒ DELETE
NAME **MEYER, KENNETH E.**
STREET ADDRESS **6501 LEGACY DRIVE**
CITY - ST - ZIP **PLANO TX**1.1 TITLE **President/Director** ☒ Change ☐ Addition
1.2 NAME **Jeff Jensen**
1.3 STREET ADDRESS **2121 Precinct Line Rd.**
1.4 CITY - ST - ZIP **Hurst, TX 76054**TITLE **D** ☐ DELETE
NAME **KUCACK, LISA**
STREET ADDRESS **801 LEGACY DR 211**
CITY - ST - ZIP **PLANO TX**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **VPT** ☐ DELETE
NAME **BASS, JANET**
STREET ADDRESS **2121 PRECINCT LINE ROAD**
CITY - ST - ZIP **HURST TE**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE **S** ☐ DELETE
NAME **CRABTREE, MARY**
STREET ADDRESS **2121 PRECINCT LINE ROAD**
CITY - ST - ZIP **HURST TE**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE **D** ☐ DELETE
NAME **JENSEN, JEFF**
STREET ADDRESS **2121 PRECINCT LINE RD**
CITY - ST - ZIP **HURST TX**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Crabtree* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0076591**

CP2E037 (9/96)