

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003918

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC6604618127**

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

**Current Principal Place of Business:**

CSA/USA, INC.  
413 ASH STREET  
SEWARD, NE 68434

**Current Mailing Address:**

CSA/USA, INC.  
413 ASH STREET  
SEWARD, NE 68434 US

**FEI Number: 42-1261676**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            P  
Name            HOMSTEAD, BRUCE  
Address        116 EAST ST  
City-State-Zip: EAST HAMPTON MA 01027

Title            S  
Name            MORGAN, JEANINE  
Address        8493 AUBURN BLVD  
City-State-Zip: CITRUS HEIGHTS CA 95610

Title            DIRECTOR  
Name            MAILAND, MIKE  
Address        1006 E WOODWARD AVE  
City-State-Zip: APPLETON WI 54911

Title            DIRECTOR  
Name            BECKLER, JULIANN  
Address        10585 85TH ST SE  
City-State-Zip: OAKES ND 58474

*I hereby 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 all other like empowered.*

**SIGNATURE: BRUCE HOMSTEAD**

**PRESIDENT**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date