

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004597

Entity Name: CREDIT ADVISORS FOUNDATION, A CORPORATION**Current Principal Place of Business:**1818 S. 72ND STREET
OMAHA, NE 68124**Current Mailing Address:**1818 S. 72ND STREET
OMAHA, NE 68124**FEI Number:** 47-0751100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET
SUITE 4
TALLAHASSEE, FL 32301 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/D
Name	HOHMAN, ELEANOR A
Address	1818 S. 72ND STREET
City-State-Zip:	OMAHA NE 68124

Title	SECRETARY
Name	CAMERON, LISA M
Address	1818 S. 72ND STREET
City-State-Zip:	OMAHA NE 68124

Title	DIRECTOR
Name	PHILLIPS, DAVE
Address	1818 SOUTH 72ND STREET
City-State-Zip:	OMAHA NE 68124

Title	DIRECTOR
Name	BUGLEWICZ, ROBERT
Address	1818 SOUTH 72ND STREET
City-State-Zip:	OMAHA NE 68124

Title	DIRECTOR
Name	DAVIS, JUDY A
Address	1818 S. 72ND STREET
City-State-Zip:	OMAHA NE 68124

Title	DIRECTOR
Name	PICON, JUAN
Address	1818 SOUTH 72ND STREET
City-State-Zip:	OMAHA NE 68124

Title	DIRECTOR
Name	PEARSON, MELISSA
Address	1818 S. 72ND STREET
City-State-Zip:	OMAHA NE 68124

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: ELEANOR HOHMAN**PRESIDENT****02/12/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date