

Jason Kander Secretary of State
2013-2014 BIENNIAL REGISTRATION REPORT
NONPROFIT

File Number: 201318981041

N01122763

Date Filed: 07/08/2013

Jason Kander

Secretary of State

☒ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

REPORT DUE BY: 08/31/2013

N01122763

24:1 Community Land Trust

Lutz, Dennis

4156 Manchester Avenue

St. Louis, MO 63110

ORGANIZED UNDER THE LAWS OF:

Missouri

PRINCIPAL PLACE OF BUSINESS OR
CORPORATE HEADQUARTERS:

4156 Manchester Avenue

STREET

St. Louis, MO

63110

CITY/STATE

ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐

The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW
REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐

The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW.

PRES Chris Krehmeyer

STREET/RT 4156 Manchester Avenue

CITY/STATE/ZIP St. Louis, MO 63110

V-PRES

STREET/RT

CITY/STATE/ZIP

SECY

STREET/RT

CITY/STATE/ZIP

TREAS

STREET/RT

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW.

NAME Chris Krehmeyer

STREET/RT 4156 Manchester

CITY/STATE/ZIP St. Louis, MO 63110

NAME Wray Clay

STREET/RT 910 North 11th Street

CITY/STATE/ZIP St. Louis, MO 63101

NAME Ronald Barnes

STREET/RT 2191 Lemay Ferry Road

CITY/STATE/ZIP St. Louis, MO 63125

NAME

STREET/RT

CITY/STATE/ZIP

The undersigned understands that false statements made in this report are punishable for the crime of making a false
declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Dennis K Lutz

(Required)

Please print name and title of signer:

Dennis K Lutz

/

Assistant Secretary

NAME

TITLE

REGISTRATION REPORT FEE IS:

____ \$20.00 If filed on or before 8/31

____ \$25.00 If filed after 8/31

Corporation will be administratively dissolved if report is not
filed by November 30.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE,
BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL
INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102