2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004907

1. Entity Name
THE CONGREGATION OF THE PASSION, HOLY CROSS PROVINCE CORPORATION

Principal Place of Business	Mailing Address
5700 N. HARLEM AVE CHICAGO, IL 60631	5700 N. HARLEM AVE CHICAGO, IL 60631

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
36-6063802
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALSH, MICHAEL R
326 N FERN CREEK AVE
ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	HIGGINS, MICHAEL REV. CP
STREET ADDRESS	5700 N HARLEM AVE
CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	VSVC
NAME	WEBBER, DONALD REV. CP
STREET ADDRESS	5700 N HARLEM AVE
CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	T
NAME	HOOLAHAN, MICHAEL REV. CP
STREET ADDRESS	5700 N HARLEM AVE
CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	D
NAME	STROMMER, JAMES REV. CP
STREET ADDRESS	5700 N HARLEM AVE
CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	D
NAME	STEINMILLER, ALEX REV. CP
STREET ADDRESS	5700 N HARLEM AVE
CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	D
NAME	PAXTON, PHIL REV. CP
STREET ADDRESS	5700 N HARLEM AVE
CITY-ST-ZIP	CHICAGO, IL 60631

U00000412619
02/10/06-80053-020 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donnacl A Webber Rev. Donald Webber, CP 1/23/06 773-631-6336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #