

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846424 (0)

1. Corporation Name

**DIVINE WORD MISSIONARIES, INC.
MISSIONARIES**



Principal Place of Business

Mailing Address

**MISSION OFFICE
TECHNY IL 60082**

**MISSION OFFICE
PO BOX 6099
TECHNY IL 60082-6099
US**

3. Date Incorporated or Qualified
07/07/1980

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ODDO, EDWARD JR
1500 E ATLANTIC BLVD
POMPANO BEACH FL FL 34432**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME KAMP, FRANCIS J
STREET ADDRESS DIVINE WORD RESIDENCE
CITY-ST-ZIP TECHNY ILL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

PD
NAME KROSNIKI, THOMAS
STREET ADDRESS DIVINE WORD RESIDENCE
CITY-ST-ZIP TECHNY ILL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

D
NAME HORSTMAN, JOHN
STREET ADDRESS DIVINE WORD RESIDENCE
CITY-ST-ZIP TECHNY ILL ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

VD
NAME BERGIN, JAMES
STREET ADDRESS DIVINE WORD RESIDENCE
CITY-ST-ZIP TECHNY IL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

S
NAME PAPE, ARTHUR J
STREET ADDRESS 2012 WINTERGREEN AVE.
CITY-ST-ZIP MT PROSPECT IL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

D
NAME NEWTON, DENNIS (BRO.)
STREET ADDRESS DIVINE WORD COLLEGE
CITY-ST-ZIP EPWORTH IA ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Arthur J. Pape
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY Jan 17/96 708-272-7600

Date

Daytime Phone #

CR2E037 (12/95)