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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **846424** **(0)**

1. Corporation Name

DIVINE WORD MISSIONAIRIES, INC.

DIVINE WORD MISSIONARIES, INC.

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: 01/24/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 36-2379644 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KAMP, FRANCIS J		1.2 NAME		
STREET ADDRESS	DIVINE WORD RESIDENCE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TECHNY ILL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KROSNICKI, THOMAS		2.2 NAME		
STREET ADDRESS	DIVINE WORD RESIDENCE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TECHNY ILL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	BERGIN, JAMES		3.2 NAME	UROVDA, D(REV.) STANLEY	
STREET ADDRESS	DIVINE WOOD RESIDENCE		3.3 STREET ADDRESS	DIVINE WORD RESIDENCE	
CITY-ST-ZIP	TECHNY IL		3.4 CITY-ST-ZIP	TECHNY, IL 60082	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PAPE, ARTHUR J		4.2 NAME		
STREET ADDRESS	2012 WINTERGREEN AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MT PROSPECT IL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	NEWTON, DENNIS (BRO.)		5.2 NAME	NEWTON, DENNIS (BRO.)	
STREET ADDRESS	DIVINE WORD COLLEGE		5.3 STREET ADDRESS	DIVINE WORD COLLEGE	
CITY-ST-ZIP	EPWORTH IO		5.4 CITY-ST-ZIP	EPWORTH, IOWA	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ARTHUR J. PAPE, SECRETARY Jan 10/97 847-272-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0076502