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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

107186 - 90047 - 19
DEPARTMENT OF STATE

DOCUMENT # 846424

1. Corporation Name

DIVINE WORD ~~MISSIONAIRIES~~, INC.
MISSIONARIES, INC.

Principal Place of Business	Mailing Address
MISSION OFFICE TECHNY IL 60082	MISSION OFFICE PO BOX 6099 TECHNY IL 60082-6099 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/07/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-2379644 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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 60082		1.4 CITY-ST-ZIP	add zip: 60082	
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	add zip 60082	
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	UROVDA, (REV) STANLEY		3.2 NAME		
STREET ADDRESS	DIVINE WORD RESIDENCE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TECHNY IL		3.4 CITY-ST-ZIP	add zip 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	add zip 60056	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	NEWTON, DENNIS (BRO.)		5.2 NAME		
STREET ADDRESS	DIVINE WORD COLLEGE		5.3 STREET ADDRESS		
CITY-ST-ZIP	EPWORTH IO		5.4 CITY-ST-ZIP	EPWORTH, IA 52045	
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		

#49123 1/11/99

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Arthur J Pape SIGNATURE REQUIRED SECY ARTHUR J PAPE 1/11/99 847-272-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #