2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90065 004 ****61.25

DOCUMENT # 846424

1. Entity Name

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

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

000041

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ODDO, EDWARD JR 1500 E ATLANTIC BLVD POMPANO BEACH FL FL 34432	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KAMP, FRANCIS J DIVINE WORD RESIDENCE TECHNY ILL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KROSNICKI, THOMAS DIVINE WORD RESIDENCE TECHNY ILL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T KROSNICKI, (REV). THOMAS DIVINE WORD RESIDENCE TECHNY, IL 60082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD UROVDA, (REV) STANLEY DIVINE WORD RESIDENCE TECHNY IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LABBE, (REV.) CLIFTON 201 RUELLA AVE BAY ST LOUIS, MS 39520	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PAPE, ARTHUR J 2012 WINTERGREEN AVE. MT PROSPECT IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONNELLY, (REV.) EAMONN 2181 WEST 25th ST LOS ANGELES, CA 90007	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWTON, DENNIS (BRO.) DIVINE WORD COLLEGE EPWORTH IO	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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 all other like empowered.

$61.25
#51822
1/6/00

SIGNATURE: Arthur J Pape REQUIRED ARTHUR J PAPE, Secy 847-272-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #