

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846424

1. Entity Name

DIVINE WORD MISSIONARIES, INC.
MISSIONARIES

Principal Place of Business

MISSION OFFICE
TECHNY IL 60082

Mailing Address

MISSION OFFICE
PO BOX 6099
TECHNY IL 60082-6099
US

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

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KROSNIKI, THOMAS (REV) DIVINE WORD RESIDENCE TECHNY IL 60082	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMP, FRANCIS J DIVINE WORD RESIDENCE TECHNY IL 60082	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UROVDA, (REV) STANLEY DIVINE WORD RESIDENCE TECHNY IL	☐ Delete
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, EAMON REV 2181 WEST 25TH ST LOS ANGELES CA 9007	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABBE, CLIFTON (REV) 201 RUELLA AVE BAY SAINT LOUIS MS 39520	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GALLAGHER, DAVID (MR) 206 E Lonquist Blvd Mt Prospect, IL 60056	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 an address, with all other like empowered.

SIGNATURE:

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

Secretary

JAN 11/01

847-272-7600

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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