2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 846424

1. Entity Name
DIVINE WORD MISSIONAIRIES, INC.

FILED
04 NOV -1 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10252004 REIN-NP CR2E099 (6/04)

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. I am familiar with, and accept the obligations of registered agent.

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
After January 1, 2005, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEWTON, DENNIS DIVINE WORD RESIDENCE TECHNY, IL 60082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600042354976 11/01/04--01076--017 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GALLAGHER, DAVID ~~206 E LONQUIST BLVD~~ ~~MOUNT PROSPECT, IL 60056~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition TREASURER GALLAGHER, DAVID 493 W. HIGHPLAINS ROAD ROUND LAKE, IL. 60073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KROSNICKI, THOMAS REV DIVINE WORD RESIDENCE TECHNY, IL 60082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ Change ☑ Addition SECRETARY LINDEN, CARMELITA 6 BRIAR ROAD GOLF, IL. 60029
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, JOSEPH REV 2181 WEST 25TH ST LOS ANGELES, CA 9007	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, JOSEPH REV 201 RUELLA AVE BAY SAINT LOUIS, MS 39520	☐ 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 an address, with all other like empowered.

SIGNATURE: David H. Gallagher, Treasurer 10/25/04 (847) 412-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #