# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Jul 31, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 846424

1. Entity Name

DIVINE WORD MISSIONAIRIES, INC.

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

2nd MOORE CR2E037 (4/06)

| 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<br>1500 E ATLANTIC BLVD<br>POMPANO BEACH FL FL 34432 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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**
**Due By September 6, 2006**

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

**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<br>NEWTON, DENNIS<br>DIVINE WORD RESIDENCE<br>TECHNY IL 60082 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>U00000572916<br>08/01/06-80005-014 61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GALLAGHER, DAVID<br>493 W HIGHPLAINS ROAD<br>ROUND LAKE IL 60073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KROSNICKI, THOMAS REV<br>DIVINE WORD RESIDENCE<br>TECHNY IL 60082 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>LINDEN, CARMELITA<br>6 BRIAR ROAD<br>GOLF IL 60029 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MILLER, JOSEPH REV<br>2181 WEST 25TH ST<br>LOS ANGELES CA 9007 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SIMON, JOSEPH REV<br>201 RUELLA AVE<br>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 exemptions contained in Chapter 119, 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.

847-412-7226

**SIGNATURE:** DAVID H. GALLAGHER, Treasurer, July 26, 2006