

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90017 009 \*\*\*\*61.25

**DOCUMENT # 846424**

1. Entity Name

**DIVINE WORD MISSIONARIES, INC.**



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 - No P.O. Box #

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  
Due By May 1, 2008**

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

TITLE ☐ Delete  
NAME **P NEWTON, DENNIS**  
STREET ADDRESS **DIVINE WORD RESIDENCE**  
CITY- ST- ZIP **TECHNY IL 60082**

TITLE ☐ Delete  
NAME **T GALLAGHER, DAVID**  
STREET ADDRESS **493 W HIGHPLAINS ROAD**  
CITY- ST- ZIP **ROUND LAKE IL 60073**

TITLE ☐ Delete  
NAME **S LINDEN, CARMELITA**  
STREET ADDRESS **6 BRIAR ROAD**  
CITY- ST- ZIP **GOLF IL 60029**

TITLE ☐ Delete  
NAME **D MILLER, JOSEPH REV**  
STREET ADDRESS **2181 WEST 25TH ST**  
CITY- ST- ZIP **LOS ANGELES CA 9007**

TITLE ☒ Delete  
NAME **D SIMON, JOSEPH REV**  
STREET ADDRESS **201 RUELLA AVE**  
CITY- ST- ZIP **BAY SAINT LOUIS MS 39520**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition  
NAME **PAWLICKI, James Rev**  
STREET ADDRESS **201 Ruella Ave**  
CITY- ST- ZIP **Bay St Louis, MS 39520**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:**

*David H. Gallagher*

**DAVID H. GALLAGHER, Treasurer**

**2/5/08 847-412-7224**