

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846424

FILED
Apr 01, 2009
Secretary of State

Entity Name: DIVINE WORD MISSIONAIRES, INC.

Current Principal Place of Business:

MISSION OFFICE
TECHNY, IL 60082

New Principal Place of Business:

Current Mailing Address:

MISSION OFFICE
PO BOX 6099
TECHNY, IL 600826099 US

New Mailing Address:

FEI Number: 36-2379644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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:

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWTON, DENNIS
Address: DIVINE WORD RESIDENCE
City-St-Zip: TECHNY, IL 60082

Title: T () Delete
Name: GALLAGHER, DAVID
Address: 493 W HIGHPLAINS ROAD
City-St-Zip: ROUND LAKE, IL 60073

Title: S () Delete
Name: LINDEN, CARMELITA
Address: 6 BRIAR ROAD
City-St-Zip: GOLF, IL 60029

Title: D () Delete
Name: MILLER, JOSEPH REV
Address: 2181 WEST 25TH ST
City-St-Zip: LOS ANGELES, CA 9007

Title: D () Delete
Name: PAWLICKI, JAMES REV
Address: 201 RUELLA AVE
City-St-Zip: BAY SAINT LOUIS, MS 39520

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TAMORO, BRICCIO REV
Address: 11316 CYPRESS AVE
City-St-Zip: RIVERSIDE, CA 92505

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID H. GALLAGHER, TREASURER

T

04/01/2009

Electronic Signature of Signing Officer or Director

Date