

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 846424

**FILED**  
**Mar 23, 2011**  
**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:**

1835 WAUKEGAN RD  
TECHNY, IL 60082

**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 34432 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: TAMORO, BRICCIO REV  
Address: 11316 CYPRESS AVE  
City-St-Zip: RIVERSIDE, CA 92505

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID H. GALLAGHER

T

03/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date