

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90048 040 ****61.25

DOCUMENT # 846424

1. Entity Name

DIVINE WORD MISSIONAIRIES, INC.



Principal Place of Business

**MISSION OFFICE
TECHNY IL 60082**

Mailing Address

**MISSION OFFICE
PO BOX 6099
TECHNY IL 60082-6099
US**

90002160



☐ CHECK HERE IF MAKING CHANGES

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

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	PT KROSNICKI, THOMAS (REV) DIVINE WORD RESIDENCE TECHNY IL 60082	☒ Delete
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	VD UROVDA, (REV) STANLEY DIVINE WORD RESIDENCE TECHNY IL	☒ Delete
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	D DONNELLY, EAMON REV 2181 WEST 25TH ST LOS ANGELES CA 9007	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABBE, CLIFTON (REV) 201 RUELLA AVE BAY SAINT LOUIS MS 39520	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President NEWTON, DENNIS (BRO.) DIVINE WORD RESIDENCE TECHNY, IL 60082	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT & DIRECTOR KROSNICKI, THOMAS (REV.) DIVINE WORD RESIDENCE TECHNY, IL 60082	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MILLER, JOSEPH (REV.) 2181 WEST 25th ST LOS ANGELES, CA 90007	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SIMON, JOSEPH (REV.) 201 RUELLA AVE BAY ST LOUIS, MS 39520	☒ Change ☐ Addition

CR2E037 (10/02)

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:

ARTHUR J. PAPE *Arthur J. Pape*

Jan 10/03

847-272-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR