

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90177 005 ****70.00

DOCUMENT # F03000004559

1. Entity Name
OFFICE OF DIRECTOR FOR DEO GRATIAS
INTERNATIONAL FELLOWSHIP AND HIS SUCCESSORS,
A CORPORATION SOLE



Principal Place of Business
900 WEST OGDEN AVENUE, #201
DOWNERS GROVE, IL 60515-2829

Mailing Address
900 WEST OGDEN AVENUE, #201
DOWNERS GROVE, IL 60515-2829

2. Principal Place of Business
900 Ogden Avenue
Suite, Apt. #, etc.
Unit 201
City & State
Downers Grove, IL
60515-2829
Country
U.S.A.

3. Mailing Address
900 Ogden Avenue
Suite, Apt. #, etc.
Unit 201
City & State
Downers Grove, IL
60515-2829
Country
U.S.A.

4. FEI Number
20-0208093

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THE OFFICE OF PRESIDING ELDER FOR SOLE
RESOURCES MISSION & HIS SCSRS., A CORP SOLE
1980 N. ATLANTIC AVENUE, SUITE 602
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent
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 _____

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	PD PLOSNIICH, ROSALIE M 900 WEST OGDEN AVENUE, #201 DOWNERS GROVE, IL 60515 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 900 OGDEN AVENUE, UNIT 201 DOWNERS GROVE, IL 60515-2829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 149, 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: Rosalie M Plosnich 3 April 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(630) 664-2162
Daytime Phone #