


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

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90224 033 ****70.00

DOCUMENT # F03000004559	
1. Entity Name The Office of The Director of Deo Gratias Int'l. Fellowship and His Successors, A Corporation Sole	

DO NOT WRITE IN THIS SPACE

40095768

2. Principal Place of Business - No P.O. Box # 900 Ogden Avenue		3. Mailing Address 900 Ogden Avenue	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 348	
City & State Downers Grove IL		City & State Downers Grove IL	
Zip 60515	Country USA	Zip 60515	Country USA

CR2E037B (5/07)

DO NOT WRITE IN THIS SPACE	4. FEI Number 200208093		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable <input type="checkbox"/>
	7. Name and Address of Current Registered Agent Name The Office of The Director of Deo Gratias Int'l. Fellowship and His Successors		
	Street Address (P.O. Box Number is Not Acceptable) 1980 N. Atlantic Avenue Ste. 602		
		City Cocoa Beach	FL Zip Code 32931

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

FEE IS \$61.25
Initial or Amended AR

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 NAME STREET ADDRESS CITY-ST-ZIP	P.D. Rosalie M. Plosnich 900 Ogden Avenue - 201 Downers Grove IL 60515-2829
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **R.M. Plosnich, P.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 April 2008 (630)664-2162

Date

Daytime Phone #