

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004559

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

900 OGDEN AVENUE, #201  
DOWNERS GROVE, IL 60515 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 OGDEN AVENUE, #201  
DOWNERS GROVE, IL 60515 US

**New Mailing Address:**

**FEI Number:** 20-0208093      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )

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

THE OFFICE OF PRESIDING ELDER FOR SOLE  
RESOURCES MISSION & HIS SCRS., A CORP SOLE  
1980 N. ATLANTIC AVENUE, SUITE 602  
COCOA BEACH, FL 32931 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: PD ( ) Delete  
Name: PLOSNIH, ROSALIE M  
Address: 900 OGDEN AVE, #201  
City-St-Zip: DOWNERS GROVE, IL 60515

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROSALIE M. PLOSNIH

PD

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date