

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90042 012 ****61.25

DOCUMENT # F05000001861					
1. Entity Name THE JESUITS OF THE MISSOURI PROVINCE, INC.					
Principal Place of Business 4511 WEST PINE BLVD. ST. LOUIS, MO 63108			Mailing Address 4511 WEST PINE BLVD. ST. LOUIS, MO 63108		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-0416129	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P	NAME MCMAHON, TIMOTHY M		TITLE D	NAME GUYER, JAMES B	
STREET ADDRESS 4511 WEST PINE BLVD.	CITY-ST-ZIP ST. LOUIS, MO 63108		STREET ADDRESS 3333 REGIS BLVD	CITY-ST-ZIP DENVER CO 80221-1154	
TITLE SD	NAME HARTER, MICHAEL G		TITLE D	NAME MCKENZIE, MARK	
STREET ADDRESS 4511 WEST PINE BLVD.	CITY-ST-ZIP ST. LOUIS, MO 63108		STREET ADDRESS 2715 NORTH SARAH ST	CITY-ST-ZIP ST LOUIS MO 63113-2490	
TITLE T	NAME BURSHEK, JAMES J		TITLE D	NAME FLEMING, DAVID L	
STREET ADDRESS 4511 WEST PINE BLVD.	CITY-ST-ZIP ST. LOUIS, MO 63108		STREET ADDRESS 4517 WEST PINE BLVD	CITY-ST-ZIP ST LOUIS MO 63108	
TITLE D	NAME THOMPSON, J. TIMOTHY		TITLE D	NAME VOWELLS, JOHN	
STREET ADDRESS P.O. BOX 548	CITY-ST-ZIP BELIZE CITY,		STREET ADDRESS 5133 FOREST AVE	CITY-ST-ZIP KANSAS CITY MO 64110-2513	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James J. Burshek</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
James J Burshek			Date		
(314) 361-7765			Daytime Phone #		