

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

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**



02122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-0416129

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCMAHON, TIMOTHY M
STREET ADDRESS 4511 WEST PINE BLVD.
CITY-ST-ZIP ST. LOUIS, MO 63108

TITLE SD
NAME HARTER, MICHAEL G
STREET ADDRESS 4511 WEST PINE BLVD.
CITY-ST-ZIP ST. LOUIS, MO 63108

TITLE T
NAME BURSHEK, JAMES J
STREET ADDRESS 4511 WEST PINE BLVD.
CITY-ST-ZIP ST. LOUIS, MO 63108

TITLE D
NAME THOMPSON, J. TIMOTHY
STREET ADDRESS P.O. BOX 548
CITY-ST-ZIP BELIZE CITY,

TITLE D
NAME GUYER, JAMES B
STREET ADDRESS 3333 REGIS BLVD.
CITY-ST-ZIP DENVER, CO 80221

TITLE D
NAME MCKENZIE, MARK
STREET ADDRESS 2715 N. SARAH ST.
CITY-ST-ZIP SAINT LOUIS, MO 63113

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IN THIS SPACE**

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03/21/08-80036-022 61.25

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: James J. Burshek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(314) 361-7765