

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000005287

1. Entity Name

SOCIETY OF THE DIVINE SAVIOR



Principal Place of Business

1735 N. HI-MOUNT BLVD.
MILWAUKEE, WI 53208

Mailing Address

1735 N. HI-MOUNT BLVD.
MILWAUKEE, WI 53208



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

39-0806210

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, PAUL S.D.S.
4911 21ST CT EAST
BRADENTON, FL 34203

**DO NOT WRITE
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
RODRIGUES, JOSEPH C
1735 N. HI-MOUNT BLVD.
MILWAUKEE, WI 53208

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SCHUESSLER, REV. PETER
1735 N. HI-MOUNT BLVD.
MILWAUKEE, WI 53208

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MCLAUGHLIN, BRO. SEAN
1735 N. HI-MOUNT BLVD.
MILWAUKEE, WI 53208

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
GORMAN, REV. JOHN
1735 N. HI-MOUNT BLVD.
MILWAUKEE, WI 53208

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000390036
01/23/06-80009-009 70.00

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-06

Date

414/258-1735

Daytime Phone #