


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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	



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-0806210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAILEY, DOUGLAS SDS 384 INTREPID WAY INDIALANTIC, FL 32903	DO NOT WRITE IN THIS SPACE
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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 re-registering)

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**

**U00000783915
01/16/08-80034-023 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOMEZ, RAUL 1735 N. HI-MOUNT BLVD. MILWAUKEE, WI 53208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGNER, DAVID 1735 N. HI-MOUNT BLVD. MILWAUKEE, WI 53208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, SEAN 1735 N. HI-MOUNT BLVD. MILWAUKEE, WI 53208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOCKEN, JEFF 1735 N. HI-MOUNT BLVD. MILWAUKEE, WI 53208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALLENFELS, SCOTT 3221 S LAKE DRIVE ST FRANCIS, WI 53235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

David Bergner **DAVID BERGNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08/414.258.1735

Date

Daytime Phone #