

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000005287

**FILED**  
**Jan 18, 2023**  
**Secretary of State**  
**8131468708CC**

**Entity Name:** SOCIETY OF THE DIVINE SAVIOR

**Current Principal Place of Business:**

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

**Current Mailing Address:**

5405 SOMERSET LANE S  
GREENFIELD, WI 53221 US

**FEI Number:** 39-0806210

**Certificate of Status Desired:** No

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

BAILEY, DOUGLAS SDS  
2180 PENWOOD DRIVE  
MELBOURNE, FL 32901 US

*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

**Officer/Director Detail :**

Title           VP  
Name           SCHUESSLER, PETER  
Address        1735 N. HI-MOUNT BLVD.  
City-State-Zip: MILWAUKEE WI 53208

Title           P  
Name           WOCKEN, JEFF  
Address        1735 N. HI-MOUNT BLVD.  
City-State-Zip: MILWAUKEE WI 53208

Title           T  
Name           WALLENFELSZ, SCOTT  
Address        3221 S LAKE DRIVE  
City-State-Zip: ST FRANCIS WI 53235

*I hereby 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 all other like empowered.*

**SIGNATURE:** WALLENFELSZ, SCOTT

**TREASURER**

**01/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date