Entity Name: CONGREGATION OF THE HOLY SPIRIT PROVINCE OF
NIGERIA SOUTH EAST, INC.

Current Principal Place of Business:

3490 N.W. 191 STREET MIAMI GARDENS, FL 33056

DOCUMENT# N1300006624

Current Mailing Address:

3490 N.W. 191 STREET MIAMI GARDENS, FL 33056 US

FEI Number: 46-3265404

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK ESQ J. PATRICK FITZGERALD & ASSOCIATES, PA 110 MERRICK WAY STE 3-B CORAL GABLES, FL 33134 US

Certificate of Status Desired: No

8407622891CC

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

Officer/Director Detail :

Title Name Address	D, P AKWUE, FRANCIS REV FR 1500 SOUTH ANDREWS AVE	Title Name Address	D ONUORAH, FELIX REV FR 509 SOUTH THIRD STREET
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	DUNLAP IA 51529
Title	D, VP	Title	D
Name	EKECHUKWU, ALEXANDER REV FR	Name	AGWUOKE, EMMANUEL REV FR
Address	1301 NW 71ST STREET	Address	545 42ND STREET
City-State-Zip:	MIAMI FL 33147	City-State-Zip:	DES MOINES IA 50312
		Title	D
Title	D, S	Title	D
Title Name	D, S MUODIAJU, SAMUEL REV FR	Name	D OKERE, REMIGIUS REV FR
	•		-
Name	MUODIAJU, SAMUEL REV FR 3490 NW 191 STREET	Name	OKERE, REMIGIUS REV FR PO BOX 159
Name Address	MUODIAJU, SAMUEL REV FR 3490 NW 191 STREET	Name Address	OKERE, REMIGIUS REV FR PO BOX 159
Name Address City-State-Zip:	MUODIAJU, SAMUEL REV FR 3490 NW 191 STREET MIAMI GARDENS FL 33056	Name Address City-State-Zip:	OKERE, REMIGIUS REV FR PO BOX 159 GRANGER IA 50109
Name Address City-State-Zip: Title	MUODIAJU, SAMUEL REV FR 3490 NW 191 STREET MIAMI GARDENS FL 33056 D, T	Name Address City-State-Zip: Title	OKERE, REMIGIUS REV FR PO BOX 159 GRANGER IA 50109 D

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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: MUODIAJU, SAMUEL, REV FR

DS

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	D	Title	D
Name	ODOZOR, PAULINUS REV. FR.	Name	OKEAHIALAM, PATRICK REV. FR
Address	1116 N. ST. PETER STREET	Address	611 LOGAN AVENUE
City-State-Zip:	SOUTH BEND IN 46617	City-State-Zip:	PUEBLO CO 81003