

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850655

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** MISSIONARIES OF CHARITY, INC.

**Current Principal Place of Business:**

335 E. 145TH ST.  
BRONX, NY 10451

**New Principal Place of Business:**

**Current Mailing Address:**

335 E. 145TH ST.  
BRONX, NY 10451

**New Mailing Address:**

**FEI Number:** 06-1013589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PIERICK, MC, M. PREMA SISTER  
Address: 54A AJC BOSE ROAD  
City-St-Zip: CALCUTTA, INDIA, WB 700016

Title: VD  
Name: CABRERA, MC, M. LETICIA SISTER  
Address: 335 EAST 145TH STREET  
City-St-Zip: BRONX, NY 10451

Title: SD  
Name: LEE, MC, M. ROSE CLARA SISTER  
Address: 335 E 145TH ST  
City-St-Zip: BRONX, NY 10451

Title: TD  
Name: ORTUNO, MC, M. LILIA SISTER  
Address: 335 E 145TH ST  
City-St-Zip: BRONX, NY 10451

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: SR. M. ROSE CLARA LEE, MC

SD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date