

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007600

FILED
Apr 11, 2008
Secretary of State

Entity Name: SOCIETY OF ST. AGNES INCORPORATED

Current Principal Place of Business:

6012 CASON WAY
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7422
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 77-0643878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NYIRENDA, ATUKUZWE SISTER
6012 CASON WAY
LAKELAND, FL 33813 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: D () Delete
Name: TUKUZA, MPANGARA SISTER
Address: 6012 CASON
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: SATTERFIELD, JANET MS.
Address: 953 SUCCESS AVE.
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: TUTTON, JOHN C MR.
Address: 727 JEFFERSON AVE.
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: CLARK, JILL MRS.
Address: 833 GIANT OAK RD.
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: SCOTT, CATHERINE MRS.
Address: 5654 SUMMERLAND HILLS CIR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: GRAHAM, JOHN MR.
Address: 1302 S. HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SISTER ATUKUZWE NYIRENDA

D

04/11/2008

Electronic Signature of Signing Officer or Director

Date