

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003619

FILED
May 01, 2004
Secretary of State

Entity Name: THE SISTERS OF JESUS THE SAVIOUR, INC.

Current Principal Place of Business:

1229 SW 172 TERR
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

1229 SW 172 TERR
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 65-0600181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOGBO, CHUCK P.A.
2800 W. OAKLAND PARK BLVD SUITE 209
OAKLAND PARK, FL 33311 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 () Delete
Name: EDEH, FR.
Address: 1229 SW 172ND TERR
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD () Delete
Name: MADUKAJI, ASCENSION
Address: 1229 SW 172ND TERR
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD () Delete
Name: PARACLETA ANEKWE, MARIA
Address: 1229 S.W. 172ND TERR
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: CORDIS CHILAKA, PHILO
Address: 1229 S.W. 172ND TERR
City-St-Zip: PEMBROKE PINES, FL 33029

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDEH, FR

PD

05/01/2004

Electronic Signature of Signing Officer or Director

Date