

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000003619

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



Principal Place of Business      Mailing Address  
1229 SW 172 TERR      1229 SW 172 TERR  
PEMBROKE PINES, FL 33029      US      PEMBROKE PINES, FL 33029      US



08102005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
65-0600181      Not Applicable

5. Certificate of Status Desired      ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOGBO, CHUCK P.A.  
2800 W. OAKLAND PARK BLVD SUITE 209  
OAKLAND PARK, FL 33311

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.      ☐ Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME EDEH, FR.  
STREET ADDRESS 1229 SW 172ND TERR  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE SD  
NAME MADUKAJI, ASCENSION  
STREET ADDRESS 1229 SW 172ND TERR  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE TD  
NAME PARACLETA ANEKWE, MARIA  
STREET ADDRESS 1229 S.W. 172ND TERR  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE D  
NAME CORDIS CHILAKA, PHILO  
STREET ADDRESS 1229 S.W. 172ND TERR  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000376375  
08/15/05-80002-025 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *P.C. Chilaka* Philo Cordis Chilaka 8/10/05 (305)343-5120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #