

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000003619

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



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

Mailing Address
**1229 SW 172 TERR
PEMBROKE PINES, FL 33029 US**



02202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0600181	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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 reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

000000719906
05/01/07-80083-015 70.00

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: PHILO CHILAKA **PHILO-CORDIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 (305) 343-5120
Date Daytime Phone #