

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 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



04022008 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



\$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

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
EDEH, FR.
1229 SW 172ND TERR
PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MADUKAJI, ASCENSION
1229 SW 172ND TERR
PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
PARACLETA ANEKWE, MARIA
1229 S.W. 172ND TERR
PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CORDIS CHILAKA, PHILO
1229 S.W. 172ND TERR
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**

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05/30/08-80052-005 70.00

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:

Emmanuel Edeh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

Daytime Phone #