

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003619

FILED  
Apr 24, 2009  
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 (X)**

**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 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:** CORDIS CHILAKA, PHILO

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date