

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007600

**Entity Name:** SOCIETY OF ST. AGNES INCORPORATED

**Current Principal Place of Business:**

6012 CASON WAY  
LAKELAND, FL 33812

**Current Mailing Address:**

P.O. BOX 7422  
LAKELAND, FL 33807

**FEI Number: 77-0643878**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NYIRENDA, ATUKUZWE SISTER  
6012 CASON WAY  
LAKELAND, FL 33812 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name MARIA ATUKUZWE, NYIRENDA V  
SISTER  
Address 6012 CASON WAY  
City-State-Zip: LAKELAND FL 33812

Title OFFICER  
Name SIMBA, SHUKURU SISTER  
Address 6012 CASON WAY  
City-State-Zip: LAKELAND FL 33812

Title OFFICER  
Name CLARK,, LARRY MR.  
Address 833 GIANT OAK RD  
City-State-Zip: LAKELAND FL 33810

Title OFFICER  
Name SCOTT, CATHERINE MRS.  
Address 5654 SUMMERLAND HILLS CIR  
City-State-Zip: LAKELAND FL 33813

Title OFFICER  
Name GRAHAM, JOHN MR.  
Address 1302 S. HARTSELL AVENUE  
City-State-Zip: LAKELAND FL 33803

*I hereby 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 all other like empowered.*

**SIGNATURE: SISTER MARIA ATUKUZWE, V. NYIRENDA**

**DIRECTOR**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date