

2014 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	D
Name	SATTERFIELD, JANET MS.
Address	953 SUCCESS AVE.
City-State-Zip:	LAKELAND FL 33803

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

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

Title	D
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 VICTOR NYIRENDA**DIRECTOR****02/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date