

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011815

Entity Name: ST. JUDE MEDICAL MISSIONS CORP**Current Principal Place of Business:**131 N. MOON AVENUE
SUITES 3 & 4
BRANDON, FL 33510**Current Mailing Address:**13317 FAWN LILY DR
RIVERVIEW, FL 33579 US**FEI Number:** 45-5161064**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OKOYE, G. STANLEY MD, PHD
13317 FAWN LILY DR
RIVERVIEW, FL 33579 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	P
Name	OKOYE, G. STANLEY DR.
Address	131 N. MOON AVENUE SUITES 3 & 4
City-State-Zip:	BRANDON FL 33510

Title	T
Name	POLLICH, JOETTA
Address	131 N. MOON AVENUE SUITES 3 & 4
City-State-Zip:	BRANDON FL 33510

Title	SEC
Name	OKOYE, IFEOMA F DR.
Address	131 N. MOON AVENUE SUITES 3 & 4
City-State-Zip:	BRANDON FL 33510

Title	OFFICER
Name	NKUMBE, HENRY DR.
Address	131 N. MOON AVENUE SUITES 3 & 4
City-State-Zip:	BRANDON FL 33510

Title	OFFICER
Name	IDUSIYI, OSARETIN B DR.
Address	131 N. MOON AVENUE SUITES 3 & 4
City-State-Zip:	BRANDON FL 33510

Title	CHAPLAIN/OFFICER
Name	LOONEY, CHARLES REV.
Address	131 N. MOON AVENUE SUITES 3 & 4
City-State-Zip:	BRANDON FL 33510

Title	OTHER (RELIGIOUS NUN - SISTERS OF THE DIVINE MERCY)
Name	UBAKA, CHRISTIANA DR. (SR)
Address	131 N. MOON AVENUE SUITES 3 & 4
City-State-Zip:	BRANDON FL 33510

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: G. STANLEY OKOYE

P

05/01/2016

Electronic Signature of Signing Officer/Director Detail

Date