

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006974

**Entity Name:** CONGREGATION OF THE SISTERS OF OUR LADY OF USAMBARA, INC.

**FILED**  
**Feb 22, 2021**  
**Secretary of State**  
**2250746928CC**

**Current Principal Place of Business:**

2929 TIMBERCREST PL  
LAKELAND, FL 33810

**Current Mailing Address:**

2949 TIMBERCREST PL  
LAKELAND, FL 33810 US

**FEI Number: 46-4483496**

**Certificate of Status Desired: Yes**

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

SHEMAGHEMBE, SERVATRIS J SISTER  
2949 TIMBERCREST PL  
LAKELAND, FL 33810 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 PD  
Name SHEMAGHEMBE, SERVATRIX J SISTER  
Address 2949 TIMBERCREST PL  
City-State-Zip: LAKELAND FL 33810

Title STD  
Name WILSON, THOMAS P  
Address 850 PROVIDENCE RESERVE LOOP #320  
City-State-Zip: LAKELAND FL 33805

Title VPD  
Name YAGAZA, SEVERINE P FR.  
Address 229 YATES STREET  
City-State-Zip: EAST SYRACUSE NY 13057

Title VPD  
Name HENDERSON, GLADYS  
Address 1678 COLONNADES CIRCLE NORTH  
City-State-Zip: LAKELAND FL 33811

Title OFFICER  
Name CHIKAWA, FR. HUGH  
Address 1203 N. NEBRASKA AVENUE  
City-State-Zip: TAMPA FL 33602

*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 SERVATRIX JOSEPH SHEMAGHEMBE**

**PD**

**02/22/2021**

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

\_\_\_\_\_  
Date