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.

SECRETERY

SIGNATURE: JOJOE CHAKKOLA

L

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0300003657 Entity Name: CSI CONGREGATION OF FLORIDA, INC

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

604 N VALRICO ROAD VALRICO, FL 33594

Current Mailing Address:

CSI CONGREGATION OF FLORIDA P.O. BOX 16801 TAMPA, FL 33687-6801 US

FEI Number: 20-0009737

Name and Address of Current Registered Agent:

CHAKKOLA, JOJOE 7545 TERRACE RIVER DR TAMPA, FL 33637 US

Certificate of Status Desired: No

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	E: JOJOE CHAKKOLA			03/28/2016		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	VP	Title	SECY			
Name	PHILIP, JOHN	Name	CHAKKOLA, JOJOE			
Address	10822 CORY LAKE DR	Address	10881 CORY LAKE DR			
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647			
Title	TRES					
Name	MODAYIL, SAJAN					
Address	P.O BOX 16801					
City-State-Zip:	TAMPA FL 33687-6801					

03/28/2016

FILED Mar 28, 2016 Secretary of State CC1186351651

Date