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.

MGR

SIGNATURE: JOJOE CHAKKOLA

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

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

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300003657

Entity Name: CSI CONGREGATION OF FLORIDA, INC

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

Jan 05, 2017 Secretary of State CC0470374852

FILED

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: JOJOE CHAKKOLA 01/05/2017 Date Electronic Signature of Registered Agent Officer/Director Detail : VP Title Title SECY Name PHILIP, JOHN Name CHAKKOLA, JOJOE Address 10822 CORY LAKE DR Address 10881 CORY LAKE DR TAMPA FL 33647 City-State-Zip: City-State-Zip: TAMPA FL 33647 Title TRES Name MODAYIL, SAJAN Address P.O BOX 16801 City-State-Zip: TAMPA FL 33687-6801

> 01/05/2017 Date