

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000418

**Entity Name:** ST. JOHN'S CSI CONGREGATION OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**8528 SHADOW CT  
CORAL SPRINGS, FL 33071**Current Mailing Address:**8528 SHADOW CT  
CORAL SPRINGS, FL 33071 US**FEI Number: 04-3804153****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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            | MATHEW, PARAMPIL |
| Address         | 830 8TH ST SE    |
| City-State-Zip: | NAPLES FL 34117  |

|                 |                   |
|-----------------|-------------------|
| Title           | V                 |
| Name            | THOMAS, JOHN P    |
| Address         | 1048 NW FORK ROAD |
| City-State-Zip: | STUART FL 34994   |

|                 |                        |
|-----------------|------------------------|
| Title           | S                      |
| Name            | KURIAN, AJIT           |
| Address         | 8528 SHADOW CT         |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

|                 |                         |
|-----------------|-------------------------|
| Title           | T                       |
| Name            | SAMUEL, ROBIN           |
| Address         | 1584 NW 158TH AVE       |
| City-State-Zip: | PEMBROKE PINES FL 33028 |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | PETERS, SAMUEL         |
| Address         | 5577 NW 58TH TER       |
| City-State-Zip: | CORAL SPRINGS FL 33067 |

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: AJIT KURIAN****S****04/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date