

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000418

FILED
Apr 22, 2009
Secretary of State

Entity Name: ST. JOHN'S CSI CONGREGATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

10893 NW 45TH ST
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

10893 NW 45TH ST
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 04-3804153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNNY, JOSEPH
Address: 10893 NW 45TH ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V () Delete
Name: JOHN, THOMAS P
Address: 1048 NW FORK ROAD
City-St-Zip: STUART, FL 34994

Title: S () Delete
Name: AJIT, KURIAN
Address: 8528 SHADOW CT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: PHILIP, PHILIP K
Address: 10893 NW 45TH ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: GEORGE, CHACKO P
Address: 5241 SW 90TH WAY, APT #2
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: VARUGHESE, P C
Address: 10895 NW 45TH ST
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SAMUEL, PETERS S
Address: 5577 NW 58TH TER
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AJIT KURIAN

S

04/22/2009

Electronic Signature of Signing Officer or Director

Date