

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007310

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: SERGOD MISSION INTERNATIONAL, INC.

**Current Principal Place of Business:**

8633 NW 57 CT  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

8633 NW 57 CT  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 65-1152364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VARGHESE, JOHN  
8633 NW 57 CT  
CORAL SPRINGS, FL 33067      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: VARGHESE, JOHN  
Address: 8633 NW 57 CT  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: TD      ( ) Delete  
Name: KOCHUMMAN, JACOB  
Address: 8633 NW 57 CT  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: SD      ( ) Delete  
Name: VARGHESE, LILLY  
Address: 8633 NW 57 CT  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D      ( ) Delete  
Name: VARGHESE, TINA  
Address: 8633 NW 57 CT  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP      ( ) Delete  
Name: PANICKER, YOHANNAN  
Address: 15600 LANCE POINT PLACE  
City-St-Zip: DAVIE, FL 33331

Title: D      ( ) Delete  
Name: VARGHESE, ANISHA S  
Address: 8633 N W 57 CT  
City-St-Zip: CORAL SPRINGS, FL 33067

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN VARGHESE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/11/2005

\_\_\_\_\_  
Date