

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007310

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC6353710209**

**Entity Name:** SERGOD MISSION INTERNATIONAL, INC.

**Current Principal Place of Business:**

8633 NW 57 CT  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

8633 NW 57 CT  
CORAL SPRINGS, FL 33067

**FEI Number:** 65-1152364

**Certificate of Status Desired:** No

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

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

Title TD  
Name SEBASTIAN, LILLY KUTTY  
Address 8633 NW 57 CT  
City-State-Zip: CORAL SPRINGS FL 33067

Title SD  
Name VARGHESE, JOHN  
Address 8633 NW 57 CT  
City-State-Zip: CORAL SPRINGS FL 33067

Title D  
Name VARGHESE, TINA  
Address 8633 NW 57 CT  
City-State-Zip: CORAL SPRINGS FL 33067

Title D  
Name VARGHESE, ANISHA S  
Address 8633 N W 57 CT  
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:** JOHN VARGHESE

P

01/21/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date