

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010602

Entity Name: CHRISTIAN SECURE MINISTRIES, INC.**Current Principal Place of Business:**5609 US HWY 19 NORTH, SUITE J
NEW PORT RICHEY, FL 34652**Current Mailing Address:**13285 PENDLETON ST
SPRINGHILL, FL 34609 US**FEI Number:** 90-0529825**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MIRRA, SHANE
6350 MISSOURI AVE.
NEW PORT RICHEY, FL 34653 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:** SHANE MIRRA

03/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name VALLOMBROSO, ARNOLD
Address 5431 CHARLOTTE AVE.
104
City-State-Zip: NEW PORT RICHEY FL 34652

Title T
Name MIRRA, SHANE
Address 6350 MISSOURI AVE.
City-State-Zip: NEW PORT RICHEY FL 34653

Title SRVP
Name MIRRA, SHANE
Address 6560 MISSOURI AVE.
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name BURNS, BARBARA J
Address 2509 TEMPLEWOOD DR
City-State-Zip: HOLIDAY FL 34690

Title S
Name BURNS, BARBARA J
Address 2509 TEMPLEWOOD DR.
City-State-Zip: HOLIDAY FL 34690

Title CIO
Name MIRRA, SHANE
Address 6350 MISSOURI AVE.
City-State-Zip: NEW PORT RICHEY FL 34653

Title EMERGENCY FOOD DELIVERY
MANAGER
Name DATEMA, DANIEL
Address 5609 US HWY 19 NORTH, SUITE J
City-State-Zip: NEW PORT RICHEY FL 34652

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: BARBARA BURNS**DIRECTOR**

03/28/2017

Electronic Signature of Signing Officer/Director Detail

Date