

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003548

Entity Name: CHRISTIAN SOCIETY INTERNATIONAL MINISTRY INC**Current Principal Place of Business:**518 SE 2ND STREET
CAPE CORAL, FL 33990**Current Mailing Address:**PO BOX 152674
CAPE CORAL, FL 33915**FEI Number:** 45-1499019**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOSEPH, ODANIS
518 SE 2ND STREET
CAPE CORAL, FL 33990 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	JOSEPH, ODANIS
Address	518 SE 2ND STREET
City-State-Zip:	CAPE CORAL FL 33990

Title	M
Name	DEVALON, LAFRANCE
Address	207 SE 24TH AVE
City-State-Zip:	CAPE CORAL FL 33990

Title	M
Name	DENIS, FRISNER
Address	319 NE 11TH AVE
City-State-Zip:	CAPE CORAL FL 33990

Title	VP
Name	JOUNS, INNOCENT
Address	1950 COURTNEY DR
City-State-Zip:	FORT MYERS FL 33901

Title	T
Name	JULIO, GUERLINE
Address	4218 SW 9TH PL
City-State-Zip:	CAPE CORAL FL 33904

Title	OFFICER
Name	CHEVRIN, JOSEPH R.
Address	518 SE 2ND STREET
City-State-Zip:	CAPE CORAL FL 33990

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: JOSEPH ODANIS**PRESIDENT****02/02/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date