

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000007855

**Entity Name:** CSI GIVES BACK, INC.

**Current Principal Place of Business:**

7720 BAYMEADOWS RD E  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7720 BAYMEADOWS RD E  
JACKSONVILLE, FL 32256 US

**FEI Number:** 83-1779604

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
11 NORTH CALHOUN ST., SUITE 4  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            FLAKUS , CHRIS  
Address        7720 BAYMEADOWS RD E  
City-State-Zip: JACKSONVILLE FL 32256

Title            CFO, TREASURER  
Name            BOWLING, JOSH  
Address        7720 BAYMEADOWS RD E  
City-State-Zip: JACKSONVILLE FL 32256

Title            SECRETARY  
Name            VALENTINE , DEBORAH  
Address        7720 BAYMEADOWS RD E  
City-State-Zip: JACKSONVILLE FL 32256

Title            DIRECTOR  
Name            MAYS, KATE  
Address        7720 BAYMEADOWS RD E  
City-State-Zip: JACKSONVILLE FL 32256

*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:** JOSH BOWLING

**CHIEF FINANCIAL  
OFFICER, TREASURER**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date