

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010573

FILED
Feb 15, 2008
Secretary of State

Entity Name: ORLANDO MARTHOMA CONGREGATION, FLORIDA INC.

Current Principal Place of Business:

C/O 880 MT PLEASANT DRIVE
OCOOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

C/O 880 MT PLEASANT DRIVE
OCOOE, FL 34761

New Mailing Address:

FEI Number: 26-0826123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATHEW, THOMAS
602 CLAYTON ST
ORLANDO, FL 32804 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: ABRAHAM, JOSE
Address: SW 82ND WAY
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: SAMUEL, OOMEN
Address: 880 MT PLEASANT DRIVE
City-St-Zip: OCOOE, FL 34761

Title: S () Delete
Name: MATHEW, THOMAS
Address: 602 CLAYTON STREET
City-St-Zip: ORLANDO, FL 32804

Title: T () Delete
Name: VARGHESE, PHILIP T
Address: 13203 CHATTANOOGA LANE
City-St-Zip: ORLANDO, FL 32837

Title: TRUS () Delete
Name: GEORGE, SAJI ACCTNT
Address: 174 WATERFALL UNIT 108, RIVERBEND DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: TRUS (X) Change () Addition
Name: CHACKO, BABY ACCTNT
Address: 13542, LAKESWAY
City-St-Zip: ORLANDO, FL 32828 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: OOMEN SAMUEL

VP

02/15/2008

Electronic Signature of Signing Officer or Director

Date