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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N37303** (7)

95 APR 14 AM 9:54

1. Corporation Name
ST. GREGORIOS MALANKARA ORTHODOX SYRIAN CHURCH, INC.

Principal Place of Business Mailing Address
8002 FAWRIDGE CIRCLE TAMPA FL 33610 **8002 FAWRIDGE CIRCLE TAMPA FL 33610**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/23/1990** 3a. Date of Last Report **04/05/1994**
4. FEI Number **59-2999740** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **12607 N 58th St** 26 **P.O. Box 16973**
Suite, Apt. #, etc. Suite, Apt. #, etc.
& State 27
TAMPA City & State
28 **TEMPLE TERRACE**
Country Zip Country
24 **FL 33617** 25 **HILLSBOROUGH** 29 **FL 33687** 30 **HILLSBOROUGH**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JACOB, VARGHESE K.
8002 FAWRIDGE CIR.
TAMPA FL 33610

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D	JACOB, SUNNY 5908 JENNY DR. TAMPA FL
TITLE S	JACOB, VARGHESE K. 8002 FAWRIDGE CIR TAMPA FL
TITLE P	PAULOSE, FR. GEORGE REV. 1114 NORMANDY CIR #4 TEMPLE TERRACE FL
TITLE D	THOMAS, VARGHESE 407 FOREST PARK AVE. TEMPLE TERRACE FL
TITLE D	PEEDKAYIL, JACOB 707 SANDY CREEK DR. BRANDON FL
TITLE Y	KOSHY, V. GEEVARGHESE 8157 RENALD BLVD TEMPLE TERRACE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE T	JACOB, SUNNY 5908 JENNY DR TAMPA, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE D	JACOB, VARGHESE K. 8002 FAWRIDGE CIR TAMPA, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE P	PAULOSE, FR. GEORGE Rev 11149 NORMANDY CIR #2 TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE S	MATHEWS MATHAI 407 PROVIDENCE RD, #103 BRANDON, FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE D	ABRAHAM JOHN 11724 Branch Mooring Drive TAMPA, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE D	GEE VARGHESE 8157 RENALD BLVD TEMPLE TERRACE FL <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Paulose 02/26/95 (613) 988-6639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)