

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED

DOCUMENT # N37303 (7)

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

96 SEP 11 PM 3: 33

SECRETARY OF STATE



000001955280
 -09/24/96--01161--003
 *****61.25 *****61.25

Principal Place of Business: 12607 N 58TH ST TAMPA FL 33617 US
 Mailing Address: P O BOX 16973 TEMPLE TERRACE FL 33687 US

3. Date Incorporated or Qualified: 03/23/1990
 3a. Date of Last Report: 04/14/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	59-2999740	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25			30	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 FAWNDRIDGE 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
 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB, SUNNY	1.2 NAME	JACOB, SUNNY
STREET ADDRESS	5906 JENNY DR.	1.3 STREET ADDRESS	5906 Jenny DR
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB, VARGHESE K.	2.2 NAME	JACOB, VARGHESE
STREET ADDRESS	8002 FAWNDRIDGE CIR	2.3 STREET ADDRESS	8002 fawnridge CIR
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULOSE, FR. GEORGE REV.	3.2 NAME	PAULOSE, Fr. GEORGE REV.
STREET ADDRESS	11149 NORMANDY CIR #2	3.3 STREET ADDRESS	11149 NORMANDY CIR #2
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, MATHAI	4.2 NAME	VARGHESE, THOMAS
STREET ADDRESS	407 PROVIDENCE RD #103	4.3 STREET ADDRESS	407 Forest Park Ave
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	TEMPLE TERRACE FL 33617
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, JOHN	5.2 NAME	VARGHESE, JAY I
STREET ADDRESS	11724 BRANCH MORRING DRIVE	5.3 STREET ADDRESS	11109 NORMANDY PARK
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TEMPLE TERRACE FL 33617
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSHY, V. GEEVARGHESE	6.2 NAME	JACOB, PEEDIKAYIL
STREET ADDRESS	8157 RENALD BLVD	6.3 STREET ADDRESS	P.O. Box 16973 707 SANDY CREEK DR
CITY-ST-ZIP	TEMPLE TERRACE FL	6.4 CITY-ST-ZIP	Temple Terrace FL 33617

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 119.07(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 (President) GEORGE PAULOSE Date: June 30, 1996 (813) 988-6639
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)