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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37303

1. Corporation Name

ST. GREGORIOS MALANKARA ORTHODOX SYRIAN CHURCH, INC.

Principal Place of Business

Mailing Address

12607 N 58TH ST
 TAMPA FL 33617
 US

P O BOX 16973
 TEMPLE TERRACE FL 33687
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

03/23/1990

22 City & State

27 City & State

4. FEI Number
 59-2999740

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOB, VARGHESE K
 9313 HERITAGE OAK COURT
 TAMPA FL 33647

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOSHY, MAMMEN	
STREET ADDRESS	6003 SOARING AVE.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARGHESE, JACOB	
STREET ADDRESS	9313 HERITAGE OAK COURT	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KURIEN, JOEY	
STREET ADDRESS	15910 FARRINGHAM DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VARGHESE, THOMAS	
STREET ADDRESS	407 FOREST PARK AVE.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PAULOSE, GEORGE R	
STREET ADDRESS	18110 HAMDEN PARKWAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOSHY, V G	
STREET ADDRESS	8517 RENALD BLVD	
CITY-ST-ZIP	TAMPA FL 33637	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	JACOB, VARGHESE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9313 HERITAGE OAK COURT
2.4 CITY-ST-ZIP	TAMPA FL 33647
3.1 TITLE	KURIEN, JOEY T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	15910 FARRINGHAM DRIVE
3.4 CITY-ST-ZIP	TAMPA FL 33647
4.1 TITLE	JACOB, POTHEM DR D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2822 Sandpiper Place
4.4 CITY-ST-ZIP	CLEARWATER FL 34642
5.1 TITLE	PAULOSE, GEORGE REV P <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	18110 HAMDEN Park Way
5.4 CITY-ST-ZIP	TAMPA FL 33647
6.1 TITLE	KOSHY V.G D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	8517 RENALD BLVD
6.4 CITY-ST-ZIP	TAMPA, FL 33637

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 99 813-991-4728

CR2E037 (11/98)

St. Gregorios MOS Church
Addentum

DOC-N37303
267088-9005-21

Saramma Jacob D
5906 Jenny Drive
Tampa, FL 33617