

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90027 006 ****61.25

DOCUMENT # N37303

1. Entity Name

ST. GREGORIOS MALANKARA ORTHODOX SYRIAN CHURCH,

Principal Place of Business

Mailing Address

12607 N 58TH ST
 TAMPA FL 33617
 US

P O BOX 16973
 TEMPLE TERRACE FL 33687-6973
 US

00047100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2999740

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOB, VARGHESE K
9313 HERTIAGE OAK COURT
TAMPA FL 33647

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOSHY, MAMMEN	
STREET ADDRESS	6003 SOARING AVE.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JACOB, VARGHESE S	
STREET ADDRESS	9313 HERTIAGE OAK COURT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	T D	<input checked="" type="checkbox"/> Delete
NAME	KURIEN, JOEY	
STREET ADDRESS	15910 FARRINGHAM DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOB, POTHE DR	
STREET ADDRESS	2822 SANDPIPER PL	
CITY-ST-ZIP	CLEARWATER FL 34642	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAULOSE, GEORGE R	
STREET ADDRESS	18110 HAMDEN PARKWAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOSHY, V G	
STREET ADDRESS	8517 RENALD BLVD	
CITY-ST-ZIP	TAMPA FL 33637	

TITLE	T NED GEORGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9207 Knights Branch	
STREET ADDRESS	TEMPLE TERRACE FL 33617	
CITY-ST-ZIP		
TITLE	D THOMAS VARGHESE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	407 FOREST PARK AVE	
STREET ADDRESS	TEMPLE TERRACE, FL 33617	
CITY-ST-ZIP		
TITLE	D JOEY KURIEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15910 FARRINGHAM DRIVE	
STREET ADDRESS	TAMPA FL 33647	
CITY-ST-ZIP		
TITLE	D THOMAS V C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7204 TIMBER COURT	
STREET ADDRESS	TAMPA FL 33625	
CITY-ST-ZIP		
TITLE	S SHABU VARGHESE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12807 Big Sur Drive	
STREET ADDRESS	TAMPA FL 33625	
CITY-ST-ZIP		
TITLE	D LIZI JACOB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9313 Heritag Oak Ct	
STREET ADDRESS	TAMPA FL 33647	
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2000 (613) 991-4728

Date

Daytime Phone #

CR2E037 (9/99)