

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90109 034 ****61.25

DOCUMENT # N37303

1. Entity Name

ST. GREGORIOS MALANKARA ORTHODOX SYRIAN CHURCH, INC.

Principal Place of Business

12607 N 58TH ST
 TAMPA FL 33617
 US

Mailing Address

P O BOX 16973
 TEMPLE TERRACE FL 33687
 US

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 HERITAGE 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: FEE 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	T	<input checked="" type="checkbox"/> Delete
NAME	NED, GEORGE	
STREET ADDRESS	9207 KNIGHT BRANCH	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEORGE, NED	
STREET ADDRESS	9207 KNIGHT BRANCH	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	<input 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	PEEDIKAYIL, JACOB	
STREET ADDRESS	18511 FIELD CLUB	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAULOSE, GEORGE R	
STREET ADDRESS	18110 HANDEN PARKWAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATHEW, KORA	
STREET ADDRESS	109 E MORGAN ST	
CITY-ST-ZIP	BRANDON FL 33510	

TITLE	(B)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, THANKAMMA	
STREET ADDRESS	9207 KNIGHT BRANCH	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	(C)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOB, VARGHESE	
STREET ADDRESS	9313 HERITAGE OAK CT	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAMMEN, ROSHY	
STREET ADDRESS	6203 SOARING AVE	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	(E)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, ABRAHAM	
STREET ADDRESS	6145 LANS HIRE DRIVE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	(F)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARGHESE, SAM	
STREET ADDRESS	1232 HORSEMINT LANE	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	(G)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, SAM	
STREET ADDRESS	9207 KNIGHT BRANCH	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	

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

Date

Daytime Phone #

President **4/27/2002** **813-991-4728**

CR2E037 (9/01)