NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# **№** 37303

1. Entity Name

ST-GREGORIOS MALANICARA ORTHODOX SYRIAN CHURCH



FILED May 25, 2004 8:00 am Secretary of State

05-25-2004 90002 024 ****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12607 N·S&th Storect 2. O·Box 16973

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State TAMPA City & State Temple Terrace

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7. Name and Address of Current Registered Agent

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Country
Hillsborner

Country
| Hill borough | 5. Certificate of Status Desired

Not Applicable

\$8.75 Additional

\$8.75 Additional Fee Required

Applied For

CR2E037B (12/02

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

9313 Hentage Oak CF

City Tamps

FL Zip Code 236 47

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. I am familiar with, and accept the obligations of registered agent.

Signature, typed of

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25 Initial or Amended UBR

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS 10. PRESIDENT TITLE NAME Fr. GEORGE PAULOSE STREET ADDRESS 18710 Hamden Park way STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jampa FL 33647 TITLE Treasures TITLE NAME CUSHY MAMMEN NAME STREET ADDRESS 6203 Soaring AVE Temple Terrace STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Secretary NED GEORGE 10539 Cory Lake DR Tampa PL 33647 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIE CITY-ST-ZIP U.G. Kos Hy 29609 Forest Glen Drive TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS wesley Chapel 33543 CITY-ST-ZIP CITY-ST-ZIP JOEY KURIAN TITLE 15910 Farringham Drive NAME STREET ADDRESS STREET ADDRESS Jany 33647 CITY-ST-ZIP CITY-ST-71P TITLE ABRAHAM GEORGE TITLE 6145 Landshire Drive Tampa 33634 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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05/19/2004

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Attachmat

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