


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90303 001 ****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
 Suite, Apt. #, etc.


3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

20038744



02202005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2999740

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

~~JACOB, VARGHESE K~~
~~9313 HERITAGE OAK COURT~~
~~TAMPA, FL 33647~~

10210 Evergreen Hill Ave
 TAMPA, FL 33647

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAULOSE, GEORGE FR 18110 HAMDEN PARKWAY TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAMMEN KOSHY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6203 Soaring Ave Temple Terrace FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAMMEN, KOSHY 6203 SOAMING AVE TAMPA, FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	① JOHN JACOB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19126 Chemille DR Tampa FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEORGE, NED 10539 CORY LAKE DR TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	⑤ SHIBU MAMEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10118 Kingsbridge Ave Tampa FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSHY, V G 29609 FOREST GLEN DR WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	① Aleyamma Jacob <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10323 Meadow Crossing DR Tampa FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURIAN, JOEY 15910 FARRINGHAM DR TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	⑩ ISSAC MAMMEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7155 Hamilton PK Blvd Tampa FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, ABRAHAM <input checked="" type="checkbox"/> Delete (ADD) 6145 LANSHIRE DR TAMPA, FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP	⑨ Shabu VARGHESE <input type="checkbox"/> Change <input type="checkbox"/> Addition 128-07 Big Sur Drive Tampa FL 33625
	MANOJ PALAKATT 201 4714 N. ARMENIA Tampa FL 33614		

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: George Paulose (President) 04/15/05 873-991-4728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #