## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37303

1. Entity Name



**FILED** Mar 07, 2007 8:00 am Secretary of State 03-07-2007 90001 014 \*\*\*\*61.25

CHURCH	GORIOS MALANKARA OR! I, INC.	HODOX SYRIAN							
Principal Plac 12607 N 58 TAMPA, FL 3	TH ST	Mailing Address P O BOX 16973 TEMPLE TERRACE, FL 33	3687 US						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02102007	Chg-NP (	CR2E037 (1	2/06)	
City & State	e	City & State			4. FEI Numbe 59-2999			<del></del>	lied For Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5 Additi	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Regi			
JACOB, VARGHESE K									
9313 HER	TIAGE OAK COURT 102	10 EVERGREEN	VERGREEN Street Address		s (P.O. Box Number is Not Acceptable)				
•		HILLDI							
			City				FL Z	ip Code	
	named entity submits this statement foions of registered agent.	r the purpose of changing its re	egistered office of	or registere	ed agent, or bott	h, in the State of Florida	a. I am familia	ar with, ar	nd accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signat	iture required	when reinstating)		DATE		<del></del>
	Signature, typed or printed name of registered agent.  Filling Fee is \$61.25  Due by May 1, 2007	and title if applicable. (NOTE: F  9. Election Camp  Trust Fund Co	aign Financing		\$5.00 May Bo Added to Fees		ocheck pay		te
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ntribution.		\$5.00 May Bound of Added to Fees DDITIONS/CHA	Florida ANGES TO OFFICERS	e check pay Departmen	t of Stat	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fiting Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF  FOR BY  KOSHY, V.G. 29609 FOREST GLEN DR  WESLEY CHAPEL, FL 33543	9. Election Camp Trust Fund Co	aign Financing ntribution.  11.  TITLE P.	FR:	\$5.00 May Boadded to Fees DDITIONS/CHA	Florida ANGES TO OFFICERS	e check pay Departmen	of Stat	0
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I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trystee 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:

SIGN OF Saules PES den

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Kyev Y Hawlon During and typed on printed name of signi

SIGNATURE:

## ATTACHMENT **DOCUMENT # N37303** ST. GREGORIOS MALANKARA ORTHODOX SYRIAN CHURCH, INC. Principal Place of Business Mailing Address P O BOX 16973 12607 N 58TH ST TEMPLE TERRACE, FL 33687 TAMPA, FL 33617 40030213 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2999740 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACOB, VARGHESE K. 10210 EVERGREEN HILL Street Address (P.O. Box Number is Not Acceptable) 9313 HERTIAGE OAK COURT TAMPA, FL 33647 DRIVE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete Change A Addition TITLE TITLE CHIBY MAYEN KOSHY, V.G. NAME 10118 Kingshidse AM2 TAMPA PL 33626 NAME 29609 FOREST GLEN DR STREET ADDRESS STREET ADDRESS WESLEY CHAPEL, FL 33543 CITY-ST-ZIP CITY-ST-ZIP LEELA KALLARACKAL Delete FITLE JACOB, JOHN NAME NAME 1002 SUMMER BREEZE PR 19126 CHEMILLE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANGON PL 33511 CITY-ST-ZIP TAMPA, FL 33558 Delete TITLE Change Addition TITLE MANOJ, MAX P NAME NAME **24813 SIENA DR** STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LUTZ, FL 33559 Delete ☐ Change ☐ Addition TITLE KURIAN, JOEY NAME NAME 15910 FARRINGTON DR STREET ADDRESS STREET ADDRESS TAMPA, FL 33647 CITY-ST-ZIP CITY-ST-ZIP TITLE D **Delete** TITLE Change Addition JACOB, SUNNY NAME NAME 8503 PECAN BROOK CT STREET ADDRESS STREET ADDRESS TAMPA, FL 33647 CITY-ST-ZIP CITY-ST-7IP A) Delete TITLE Change ☐ Addition TITLE ABRAHAM, GEORGE MALIF 6145 LANDSHIRE DR STREET ADDRESS STREET ADDRESS CITY-ST-2IP TAMPA, FL 33634 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

resident