


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90001 014 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02102007 Chg-NP CR2E037 (12/06)

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

JACOB, VARGHESE K
~~9313 HERITAGE OAK COURT~~ **10210 EVERGREEN HILL DR**
 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 Due by May 1, 2007

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 KOSHY, V.G.	<input type="checkbox"/> Delete	TITLE NAME FR: GEORGE PAULOSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 29609 FOREST GLEN DR		STREET ADDRESS 9436 HUNTERS POND DRIVE	
CITY-ST-ZIP WESLEY CHAPEL, FL 33543		CITY-ST-ZIP TAMPA FL 33647	
TITLE NAME JACOB, JOHN	<input checked="" type="checkbox"/> Delete	TITLE NAME T KOSHY MAMMEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 19126 CHEMILLE DR		STREET ADDRESS 6203 SOARING AVE	
CITY-ST-ZIP TAMPA, FL 33558		CITY-ST-ZIP TEMPLE TERRACE FL 33617	
TITLE NAME S MANOJ, MAX P	<input checked="" type="checkbox"/> Delete	TITLE NAME S BINU CHERIAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 24813 SIENA DR		STREET ADDRESS 22852 Somoma Lane	
CITY-ST-ZIP LUTZ, FL 33559		CITY-ST-ZIP Lutz FL 33549	
TITLE NAME D KURIAN, JOEY	<input checked="" type="checkbox"/> Delete	TITLE NAME SHABU VARGHESE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15910 FARRINGTON DR		STREET ADDRESS 13717 Springer Lane	
CITY-ST-ZIP TAMPA, FL 33647		CITY-ST-ZIP TAMPA FL 33625	
TITLE NAME D JACOB, SUNNY	<input checked="" type="checkbox"/> Delete	TITLE NAME D BABU KUNNUMMEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8503 PECAN BROOK CT		STREET ADDRESS 3889 GARDEN	
CITY-ST-ZIP TAMPA, FL 33647		CITY-ST-ZIP Zephyrhills FL 33542	
TITLE NAME D ABRAHAM, GEORGE	<input checked="" type="checkbox"/> Delete	TITLE NAME D N.C. GEORGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6145 LANDSHIRE DR		STREET ADDRESS 10539 Cory Lake DR	
CITY-ST-ZIP TAMPA, FL 33634		CITY-ST-ZIP TAMPA, FL 33647	

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.

SIGNATURE: George Kurian, President 03/05/07 8139914728
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT *(2)*

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02102007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2999740 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 HERIAGE OAK COURT TAMPA, FL 33647			10210 EVERGREEN HILL DRIVE		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T KOSHY, V.G. 29609 FOREST GLEN DR WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SHIBU MAMEN 10118 Kingsbridge Ave TAMPA FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, JOHN 19126 CHEMILLE DR TAMPA, FL 33558	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LLELA KALLARACKAL 1002 SUMMER BREEZE DR BRANSON FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANOJ, MAX P 24813 SIENA DR LUTZ, FL 33559	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURIAN, JOEY 15910 FARRINGTON DR TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, SUNNY 8503 PECAN BROOK CT TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, GEORGE 6145 LANDSHIRE DR TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <u>George Parola President</u>		Date: <u>03/05/07</u>		Daytime Phone #: <u>813 991 4728</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					