

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004208

Entity Name: JACKSONVILLE MAR THOMA CHURCH, INC.**Current Principal Place of Business:**8654 GRIFFIS RD
JACKSONVILLE, FL 32234**Current Mailing Address:**8654 GRIFFIS ROAD
JACKSONVILLE, FL 32234 US**FEI Number: 59-3537774****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ABRAHAM, ABRAHAM JACOB
8654 GRIFFIS RD
JACKSONVILLE, FL 32234 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/PRIET
Name CHERIAN, DAVID REV
Address 2522 NW 92ND AVE
City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER
Name JOHNS, JOHNY
Address 10521 LANTANA LAKES DR N
City-State-Zip: JACKSONVILLE FL 32246

Title ACCOUNTANT
Name VARGHESE, MATHEW
Address 8237 ABBEY FIELD DR
City-State-Zip: JACKSONVILLE FL 32277

Title LAY LEADER 1
Name SAMUEL, THOMAS
Address 1526 RIVER OAKS ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name MATHEW, V S
Address 817 N W 106TH ST
City-State-Zip: GAINESVILLE FL 32606

Title SECRETARY
Name VARGHESE, ALEX T
Address 12683 ARROW LEAF LANE
City-State-Zip: JACKSONVILLE FL 32225

Title CHAIRMAN
Name PHILOXENOS, RT.REV. DR ISSAAC MAR
Address 2320 MERRICK AVENUE
City-State-Zip: MERRICK NY 11566

Title LAY LEADER 2
Name EAPEN, AJITH
Address 102 ASTRA WAY
City-State-Zip: ST. JOHNS FL 32259

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHNY JOHNS**TRUSTEE****04/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SUNDAY SCHOOL REPRESENTATIVE
Name VARGHESE, ALICE
Address 104 S ARABELLA WAY
City-State-Zip: ST. JOHNS FL 32259

Title CHOIR REPRESENTATIVE
Name JOHNS, BETTY
Address 10521 LANTANA LAKES DR N
City-State-Zip: JACKSONVILLE FL 32246

Title OTHER, COMMITTEE MEMBER
Name ABRAHAM, ABRAHAM J
Address 223 JENNIE LAKE CT
City-State-Zip: ST. AUGUSTINE FL 32095

Title SAVIKA SANGHOM
Name JOHNS, BETTY
Address 10521 LANTANA LAKES DR N
City-State-Zip: JACKSONVILLE FL 32246

Title PRAYER GROUP REPRESENTATIVE
Name VARGHESE, ALICE
Address 104 S ARABELLA WAY
City-State-Zip: ST. JOHNS FL 32259

Title OTHER, COMMITTEE MEMBER
Name KUNJUMON, PRINCE
Address 7635 TIMBERLIN PARK BLVD
414
City-State-Zip: JACKSONVILLE FL 32256