2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001989

Mar 11, 2009 Secretary of State

FILED

Entity Name: ST. MARY'S SYRIAN KNANAYA CHURCH INC.

Current Principal Place of Business: New Principal Place of Business: 4310 CLEWIS AVE TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** P O BOX 4310 CLEWIS AVE SEFFNER, FL 33583 TAMPA, FL 33610 FEI Number: 59-3663840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MATHEW, FR. T.M. 1925 E. 115TH AVE. US TAMPA, FL 33612 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MATHEW, FR. T.M. Name: Name: 4310 CLEWIS AVE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: Title: (X) Change () Addition () Delete KURUVILLA, SAJI Name: MARKOSE, THUMPUNKAL Name: Address: 4310 CLEWIS AVE Address: 4310 CLEWIS AVE City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33610 Title: () Delete Title: (X) Change () Addition ABRAHAM, ROY ABRAHAM, ROY Name: Name: 4310 CLEWIS AVE 4310 CLEWIS AVE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33610 Title: CM () Delete Title: CM (X) Change () Addition Name: CHERIAN, THOMAS Name: MATHEW, THOMAS 4310 CLEWIS AVE 4310 CLEWIS AVE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33610 Title: CM () Delete Title: (X) Change () Addition MATHEW, SALMON CHACKO, BIJU Name: Name: 4310 CLEWIS AVE 4310 CLEWIS AVE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33610 Title: () Delete Title: () Change (X) Addition GEORGE, RONY Name: Name: Address: Address: 4311 CLEWIS AVE TAMPA, FL 33610 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RA S 03/11/2009