


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000008429</b>	
1. Entity Name <b>CHURCH OF SOUTH INDIA CONGREGATION OF FLORIDA, INC.</b>	

Principal Place of Business <b>750 W PLYMOUTH AVE DELAND FL 32720 US</b>	Mailing Address <b>725 PRESERVE TERRACE HEATHROW FL 32746 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number <b>35-2186421</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WESLEY, MALAYIL G 725 PRESERVE TERRACE HEATHROW FL 32746</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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
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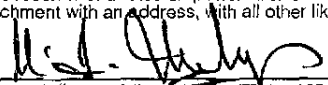
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	GEORGE, OOMMEN
STREET ADDRESS	8997 KENNEDY DR, #1G
CITY-ST-ZIP	DES PLAINES IL 60016
TITLE	VPD <input type="checkbox"/> Delete
NAME	WESLEY, M G
STREET ADDRESS	725 PRESERVE TERRACE
CITY-ST-ZIP	HEATHROW FL 32746
TITLE	SD <input type="checkbox"/> Delete
NAME	EDWARDS, MOLSEY A
STREET ADDRESS	2477 ALAQUA DRIVE
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	TD <input type="checkbox"/> Delete
NAME	WESLEY, AMY M
STREET ADDRESS	725 PRESERVE TERRACE
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	D <input type="checkbox"/> Delete
NAME	WESLEY, BEVIN G
STREET ADDRESS	12480 BERKELEY SQUARE DRIVE
CITY-ST-ZIP	TAMPA FL 33626
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000300105  
04/12/05-80007-014 61.25

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: 	<b>WESLEY, M. G.</b>	<b>4/6/05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #