

2603 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

4/30

04-30-2003 90135 026 ****70.00

DOCUMENT # **N02000008429**

1. Entity Name

CHURCH OF SOUTH INDIA CONGREGATION OF FLORIDA, INC.



Principal Place of Business

**725 PRESERVE TERRACE
HEATHROW FL 32746
US**

Mailing Address

**725 PRESERVE TERRACE
HEATHROW FL 32746
US**

55042572

2. Principal Place of Business

750 W. PLYMOUTH AVE

3. Mailing Address

725 PRESERVE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

DELAND, FLORIDA

City & State

HEATHROW, FLORIDA

4. FEI Number

35-2186421

Applied For
Not Applicable

Zip

32720

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WESLEY, MALAYIL G
725 PRESERVE TERRACE
HEATHROW FL 32746**

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

Wesley, Malayil George

WESLEY, MALAYIL GEORGE VICE-PRESIDENT

4/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **P/D** ☐ Delete
NAME **GEORGE, OOMMEN**
STREET ADDRESS **8997 KENNEDY DR. #1G**
CITY-ST-ZIP **DES PLAINES IL 60018**

TITLE **VP/D** ☐ Delete
NAME **WESLEY, M G**
STREET ADDRESS **725 PRESERVE TERRACE**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **S** ☒ Delete
NAME **JACOB, GEORGE**
STREET ADDRESS **211 FOXWOOD DRIVE**
CITY-ST-ZIP **BRADENTON FL 33510**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **S/D EDWARDS, MOLSEY A.**
STREET ADDRESS **2477 ALAQUA DRIVE**
CITY-ST-ZIP **LODAWOOD, FL 32750**

TITLE ☐ Change ☒ Addition
NAME **T/D WESLEY, AMY M.**
STREET ADDRESS **725 PRESERVE TERRACE**
CITY-ST-ZIP **HEATHROW, FL 32746**

TITLE ☐ Change ☒ Addition
NAME **D WESLEY, BEVIN G.**
STREET ADDRESS **12480 BERKELEY SQUARE DRIVE**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

WESLEY, MALAYIL GEORGE **4/28/03 (407) 833-3737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)