

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90091 050 \*\*\*\*61.25

<b>DOCUMENT # N04000005126</b>					
<b>1. Entity Name</b> SAINT MARY'S MALANKARA ORTHODOX CHURCH, INC.					
<b>Principal Place of Business</b> 33701 BRISK DRIVE ZEPHYRHILLS, FL 33543			<b>Mailing Address</b> 33701 BRISK DRIVE ZEPHYRHILLS, FL 33543		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 34-1996344	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> EASOW, SHONY 4632 ANACONDA DR. NEW PORT RICHEY, FL 34655				<b>7. Name and Address of New Registered Agent</b> Name <b>MATHEW, ALEX</b> Street Address (P.O. Box Number is Not Acceptable) <b>4632 ANACONDA DR</b> City <b>NEW PORT RICHEY</b> <b>FL</b> Zip Code <b>34655</b>	
<b>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.</b>					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				1/22/2007 <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> GEEVARGHESE, GEORGE <b>STREET ADDRESS</b> 37318 SR 54 EAST <b>CITY-ST-ZIP</b> ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> GEEVARGHESE, GEORGE <b>STREET ADDRESS</b> 3905 NEW RIVER RD <b>CITY-ST-ZIP</b> WESLEY CHAPEL, FL-33543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> EASOW, SHONY <b>STREET ADDRESS</b> 8816 SHELDON CHASE DR. <b>CITY-ST-ZIP</b> TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> CHACKO, OOMMEN <b>STREET ADDRESS</b> 24823 SIENA DR <b>CITY-ST-ZIP</b> LUTZ, FL-33559	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> ZACHARIAH, REV. P.M. <b>STREET ADDRESS</b> 24804 PORTOFINO DRIVE <b>CITY-ST-ZIP</b> LUTZ, FL 33559	<input type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> MATHEW, KORA, M <b>STREET ADDRESS</b> 211 ROSANA DR <b>CITY-ST-ZIP</b> BRANDON, FL-33911	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> MAMMOOTTIL, MATHEW <b>STREET ADDRESS</b> 1545 DEERBOURNE DR <b>CITY-ST-ZIP</b> WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> MAMMOOTTIL, MATHEW, T <b>STREET ADDRESS</b> 1545 DEERBOURNE DR <b>CITY-ST-ZIP</b> WESLEY CHAPEL, FL-33543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> IDICULLA, DR. REV M.E. <b>STREET ADDRESS</b> 4719 FORT PECK RD <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> MATHEW, ALEX <b>STREET ADDRESS</b> 4632 ANACONDA DR <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL-34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> KURIAN, THOMAS, P <b>STREET ADDRESS</b> 29549 FOREST GLEN DR <b>CITY-ST-ZIP</b> WESLEY CHAPEL, FL-33543	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> (MATHEW T. MAMMOOTTIL) 1/31/2007 (813) 907-9428 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

- SEE ATTACHMENT PAGE 2 -

# ATTACHMENT

6001175

ATTACHMENT TO DOCUMENT # NO4000005126

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATHEW, EASOW 8816 SHELDON CHASE DR TAMPA, FL - 33635 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZACHARIAH, REV. P.M. 24804 PORTOFINO DRIVE LUTZ, FL - 33559 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
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