


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90036 004 \*\*\*\*61.25

<b>DOCUMENT # N04000005126</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>
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**40063247**



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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03302008 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number <b>34-1996344</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>MATHEW, ALEX 33701 BRISK DRIVE ZEPHYRHILLS, FL 33543</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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing 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>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERY. REV. DR. M.E. IDICULLA 5719 FORT PECK ROAD NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REV. FR. P.M. ZACHARIAH 24804 POTOFINO DRIVE LUTZ, FL 33559 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REV. FR. P.M. ZACHARIAH 24804 POTOFINO DRIVE LUTZ, FL 33559 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERY. REV. DR. M.E. IDICULLA 5719 FORT PECK RD NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATHEW T. MAMMOOTTIL 1545 DEERBOURNE DRIVE WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOB MAMMEN 31255 KIRKSHIRE COURT WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHEW, KORA M 211 ROSANA DRIVE BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEW T. MAMMOOTTIL 1545 DEERBOURNE DRIVE WESLEY CHAPEL, FL 33543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEW, ALEX 4632 ANACONDA DRIVE NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID MATHEW EASOW 8816 SHELTON CHASE DRIVE TAMPA, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEW, EASOW 8816 SHELTON CHASE DRIVE TAMPA, FL 33635 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMMEN CHACKO 24823 SIENA DRIVE LUTZ, FL 33559 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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.

SIGNATURE: Jacob Mammen JACOB MAMMEN-SEC. 4/6/08. 813-746-5308  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

See attached 2nd Page

ATTACHMENT

40063247

ATTACHMENT TO DOCUMENT # NO4000005126

Florida Department of State	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS KURIEN
STREET ADDRESS	29549 FOREST GLEN DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE GEEVARGHESE
STREET ADDRESS	5612 BETHANY LOOP
CITY-ST-ZIP	26 PHYRILLIS, FL 33542
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL GEORGE
STREET ADDRESS	8834 MISSISSIPPI RUN
CITY-ST-ZIP	BROOKSVILLE, FL 34613
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	

exemptions contained in Chapter 119, Florida Statutes. I further certify that the information  
provided shall have the same legal effect as if made under oath; that I am an officer or director  
required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if