FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

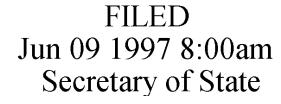
1997

DOCUMENT #

N05051

(0)

ST. THOMAS (INDIAN) ORTHODOX CHURCH OF SOUTH FLO





וו אטוח	NO:											
Principal Place of Business Mailing Address									- 		3 1 1 1 1 1 1	51111 01011 1001
805 GLENN PARKWY HOLLYWOOD FL 33021 HOLLYWOOD FL 33021					26							
									3. Date Incorporated or Qualified 09/10/1984	3a. D	oate of Last 1 03/29/19	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		A	pplied For
21			26						65-0057308		N	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional lequired
City & State				City & State					6. Election Campaign Financing			May Be
23			28						Trust Fund Contribution			to Fees
Zip				Zip Cou			,		8. This corporation has liability for	_ ~	_	s. 199.032,
24	9. Name and Add	Ireas of Current B	29	lered Agent	30				Florida Statutes 10. Name and Address of New Re	Yes		
-	B. Hallie and Add	ileas of Culteric N	gust	Inter Mant		81	Nar	ne	IV. Hallie and Address of New Ad	gistered	Agent	
DVNGOL	II IOV						L					
PYNGOLIL, JOY 5900 SW 17 CT PLANTATION FL 33317						82	Stre	et Addre	ddress (P.O. Box Number is Not Acceptable)			<u></u>
) Planta	TION FL 33317					83	Ì					- 1
,						84	City			FL	• ` `	Code
l office or r	to the provisions of Se registered agent, or bo im familiar with, and a	oth. In the State of	Florid	ia. Such change was :	autho	rized by	the c	ed corpo corporation	oration submits this statement for the pon's board of directors. I hereby acce	pt the app	of changing pointment as	its registered s registered
SIGNATURE		, -										
	Signature, typed or printed no						ent signa	ature require	d when reinstating)	DATE		
12.	A6	OFFICERS AND D	IREC	DELETE		13.			ADDITIONS/CHANGES TO OFFI			
TITLE	SD Yarghese, N C			□ DELENE		1.1 TITLE		\perp A	11 AS, P.A. \$1. 330 NW 139 AM SUNYI'FE, FI 3	D	Change	Addition
NAME OTOGET ADDRESS	9360 SW 56TH					1.2 NAME	LED DO	2	230 NW 139 AV	1		
STREET ADDRESS					1	1.3 STREET		»	Sunvite A 3	33A	3	
CITY-ST-ZIP		L 00020		DELETE	_	1.4 CITY-S 2.1 TITLE	I - ZIP			_	Change	- Addition
NAME	COOPER CITY FL 33328 TD JOHN, P P				- 1	2.2 NAME		1			vg-	
	TREET ADDRESS 9486 SW 49TH PLACE					2.3 STREET ADDRESS		88				
CITY-ST-ZIP	COOPER CITY F					2. 4 CITY-		~				
TITLE	M			DELETE		3.1 TITLE					Change	Addition
NAME	CHACKO, MELEPURACKAL			3.2 N					•			
STREET ADDRESS	TADDRESS 5355 SW 116TH AVE		Ĭ			3.3 STREET ADDRESS		SS				ĺ
CITY-ST-ZIP	ST-ZIP COOPER CITY FL					3.4. CITY-	ST-ZIP					
TITLE	PO			☐ DELETE		4.1 TITLE					Change	Addition
NAME	PYNGOLL, JOY					4. 2 NAME						
STREET ADDRESS	5900 SW 17TH				1	4.3 STREET	ADDRE	ss				ļ
CITY-\$T-ZIP	PLANTATION FL	<u> </u>				4.4 CITY - S	T-ZiP			_		
TITLE				☐ DELETE	ľ	5.1 TITLE					Change	Addition
NAME						5.2 NAME						Ì
STREET ADDRESS						5.3 STREET	ADDRE	SS				
CITY-\$T-ZIP						5.4 CITY - S	1-712					
TITLE				DELETE	1	6.1 TITLE					Change	☐ Addition
NAME						6.2 NAME						
STREET ADDRESS					•	6.3 STREET	ADDRE	SS				
CITY-ST-ZIP	by sortify that the infor	and a malia	lala di	[a [i]]		6.4 CITY - S			in Continue 110 07(0)(1) Finding Continue			

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 or Changed, or on an attachment with an address.