


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 09 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05051 (0)

1. Corporation Name
ST. THOMAS (INDIAN) ORTHODOX CHURCH OF SOUTH FLO RIDA INC.



Principal Place of Business 805 GLENN PARKWY HOLLYWOOD FL 33021	Mailing Address 805 GLENN PARKWY HOLLYWOOD FL 33021
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3. Date Incorporated or Qualified
09/10/1984

4. FEI Number 65-0057308	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**PYNGOLIL, JOY
5900 SW 17 CT
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALIAS, P.A.	
STREET ADDRESS	2330 N.W. 139 AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHN, P P	
STREET ADDRESS	9486 SW 49TH PLACE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	CHACKO, MELEPURACKAL	
STREET ADDRESS	5355 SW 116TH AVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PYNGOLIL, JOY REV	
STREET ADDRESS	5900 SW 17TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	mathewkutty Ayamuleth	
1.3 STREET ADDRESS	4211 SW 106 Terrace,	
1.4 CITY-ST-ZIP	DAVID, FL 33328	
2.1 TITLE	m	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John P.P.	
2.3 STREET ADDRESS	9486 SW 49th place	
2.4 CITY-ST-ZIP	Cooper City, FL 33328	
3.1 TITLE	M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Samuel Thomas	
3.3 STREET ADDRESS	1034 N GG Ter	
3.4 CITY-ST-ZIP	Hollywood, FL 33021	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	M	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alias PA	
5.3 STREET ADDRESS	2330 NW 139 Ave	
5.4 CITY-ST-ZIP	SUNRISE FL 33313	
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BARBY THOMAS	
6.3 STREET ADDRESS	17370 NE 7th Court	
6.4 CITY-ST-ZIP	N. Miami Beach FL 33162	

14. 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 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **8/31/98** PHONE: **964 8870**

CR2E037 (5/98)