

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 041 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N05051

1. Corporation Name

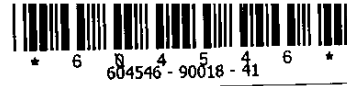
ST. THOMAS (INDIAN) ORTHODOX CHURCH OF SOUTH FLORIDA INC.

Principal Place of Business

805 GLENN PARKWY
 HOLLYWOOD FL 33021

Mailing Address

805 GLENN PARKWY
 HOLLYWOOD FL 33021



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/10/1984

4. FEI Number

65-0057308

Applied For
 Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWKUTTY, ARAMULETH	
STREET ADDRESS	4211 SW 106 TERRACE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	M	<input checked="" 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	SAMUEL, THOMAS	
STREET ADDRESS	1031 N 66 TERR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PYNGOLIL, JOY REV	
STREET ADDRESS	5900 SW 17TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	ALIAS, P A	
STREET ADDRESS	2330 NW 139 AVE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOMAS, BABY	
STREET ADDRESS	17370 NE 7TH COURT	
CITY-ST-ZIP	N MIAMI BEACH FL 33016	

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	George Kochupara	
1.3 STREET ADDRESS	mobil 8377 NW 57 Drive	
1.4 CITY-ST-ZIP	e. springs FL 33067	
2.1 TITLE	GEORGE GEEVARGHESE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	174 Fairfield medows	
2.3 STREET ADDRESS	SE	
2.4 CITY-ST-ZIP	weston FL 33327	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

8/9/99

0002405

CR2E037 (5/99)