

2000 UNIFORM-BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90066 006 ****61.25

DOCUMENT # N05051

1. Entity Name

ST. THOMAS (INDIAN) ORTHODOX CHURCH OF SOUTH FLO

Principal Place of Business

Mailing Address

**805 GLENN PARKWY
 HOLLYWOOD FL 33021**

**805 GLENN PARKWY
 HOLLYWOOD FL 33021-5626**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0057308

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **SD KOCHUPARA-MBIL, GEORGE**
 STREET ADDRESS **8377 NW 57 DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **M GEEVRYGNE, GEORGE**
 STREET ADDRESS **1174 FAIRFIELD MEADOWS**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE Change Addition
 NAME **GEEVARGHESE, GEORGE**
 STREET ADDRESS **1174 FAIRFIELD MEADOWS**
 CITY-ST-ZIP **WESTON, FL 33327**

TITLE Delete
 NAME **PD PYNGOLIL, JOY REV**
 STREET ADDRESS **5900 SW 17TH CT**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **M ALIAS, P A**
 STREET ADDRESS **2330 NW 139 AVE**
 CITY-ST-ZIP **SUNRISE FL 33313**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD THOMAS, BABY**
 STREET ADDRESS **17370 NE 7TH COURT**
 CITY-ST-ZIP **N MIAMI BEACH FL 33016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/2000

Date

Daytime Phone #