


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

1

<b>DOCUMENT # N05051</b>	
1. Entity Name <b>ST. THOMAS (INDIAN) ORTHODOX CHURCH OF SOUTH FLORIDA INC.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 25 AM 9:24

Principal Place of Business 805 GLENN PARKWAY HOLLYWOOD, FL 33021	Mailing Address 805 GLENN PARKWAY HOLLYWOOD, FL 33021
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

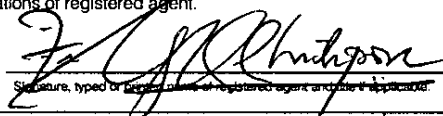
03282006 Chg-NP CR2E037 (11/05)

City & State	City & State	4. FEI Number <b>65-0057308</b>	Applied For Not Applicable
--------------	--------------	------------------------------------	-------------------------------

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----	---------	-----	---------	---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PYNGOLIL, JOY 6780 56 STREET VERO BEACH, FL 32967		Name <b>REV. FR. GEORGE PHILIPPOSE</b> Street Address (P.O. Box Number is Not Acceptable) <b>13077 NW 14TH STREET</b> City <b>PEMBROKE PINES</b> FL Zip Code <b>33028</b>	

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:  DATE: **APRIL 3, 2006**


Signature, typed or printed name of registered agent or director, as applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
------------------------------	--	------------------------------------	---

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PYNGOLIL, JOY 6780 56 STREET VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV. FR. GEORGE PHILIPPOSE 13077 NW 14TH STREET PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEEVARGHESE, GEORGE 1174 FAIRFIELD MEADOWS DAVIE, FL 33327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PANAGAYIL, ALIAS A 2330 NW 139 AVE SUNRSIE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD VARGHESE, N C 13077 NW 14TH STREET PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD VARGHESE, MATHEW 7127 NW 44 STREET CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

000074325030  
05/10/06-01006-029 \*\*\*61.25

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:  REV. FR. GEORGE PHILIPPOSE DATE: **APRIL 3, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **617-947-3912**