

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05051

FILED
Jan 07, 2007
Secretary of State

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

Current Principal Place of Business:

805 GLENN PARKWAY
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

1174 FAIRFIELD MEADOWS DR.
WESTON, FL 33327

New Mailing Address:

FEI Number: 65-0057308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PYNGOLIL, JOY REV.FR
6780 56 STREET
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PYNGOLIL, JOY REV.FR
Address: 6780 56 ATREET
City-St-Zip: VERO BAECH, FL 32967

Title: SD () Delete
Name: GEEVARGHESE, GEORGE
Address: 1174 FAIRFIELD MEADOWS
City-St-Zip: DAVIE, FL 33327

Title: TD () Delete
Name: PANAGAYIL, ALIAS A
Address: 2330 NW 139 AVE
City-St-Zip: SUNRSIE, FL 33323

Title: MD () Delete
Name: VARGHESE, N C
Address: 13077 NW 14TH STREET
City-St-Zip: PEMBROKEPINES, FL 33028

Title: MD () Delete
Name: VARGHESE, MATHEW
Address: 7127 NW 44 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change () Addition
Name: GEEVARGHESE, MATHULLA
Address: 1101 NW 134 AVE
City-St-Zip: SUNRISE, FL 33323

Title: MD (X) Change () Addition
Name: VARGHESE, MATHEW
Address: 9759 SAVONA WINDS DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOY PYNGOLIL

P

01/07/2007

Electronic Signature of Signing Officer or Director

_____ Date