



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05051 1. Entity Name ST. THOMAS (INDIAN) ORTHODOX CHURCH OF SOUTH FLORIDA INC.		 FILED 07 APR -4 AM 10:47 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 805 GLENN PARKWAY HOLLYWOOD, FL 33021		Mailing Address 1174 FAIRFIELD MEADOWS DR. WESTON, FL 33327	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 8851 S.W. 51st PL.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State COOPERCITY	4. FEI Number 65-0057308 Applied For Not Applicable	
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	Zip 33328	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PYNGOLIL, JOY REV.FR 6780 56 STREET VERO BEACH, FL 32967		Name VAIDYAN JOHN REV.FR. Street Address (P.O. Box Number is Not Acceptable) 8851 S.W. 51st PL City COOPERCITY FL Zip Code 33328	
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 <i>J. Vaidyan</i> President/Vicgr.		DATE 03-19-07	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYNGOLIL, JOY REV.FR	NAME	VAIDYAN JOHN REV.FR
STREET ADDRESS	6780 56 ATREET	STREET ADDRESS	8851 S.W. 51st PL.
CITY-ST-ZIP	VERO BAECH, FL 32967	CITY-ST-ZIP	COOPERCITY, FL-33328
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEEVARGHESE, GEORGE	NAME	THOMAS GEORGE M.
STREET ADDRESS	1174 FAIRFIELD MEADOWS	STREET ADDRESS	6640 S.W. 57 St,
CITY-ST-ZIP	DAVIE, FL 33327	CITY-ST-ZIP	DAVIE, FL-33314
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANAGAYIL, ALIAS A	NAME	VARGHESE ULAHANNAN T.
STREET ADDRESS	2330 NW 139 AVE	STREET ADDRESS	8851 S.W. 51st PL.
CITY-ST-ZIP	SUNRSIE, FL 33323	CITY-ST-ZIP	COOPERCITY, FL-33328
TITLE	MD <input checked="" type="checkbox"/> Delete	TITLE	MD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEEVARGHESE, MATHULLA	NAME	ERAPEN BIJU
STREET ADDRESS	1101 NW 134 AVE	STREET ADDRESS	10562 SW. 13th Ct,
CITY-ST-ZIP	SUNRISE, FL 33323	CITY-ST-ZIP	PEMBROKE PINES, FL-33025
TITLE	MD <input checked="" type="checkbox"/> Delete	TITLE	MD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGHESE, MATHEW	NAME	PETER GEORGE.
STREET ADDRESS	9759 SAVONA WINDS DRIVE	STREET ADDRESS	13210 S.W. 14th PL.
CITY-ST-ZIP	DELRAY BEACH, FL 33446	CITY-ST-ZIP	DAVIE, FL-33325
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	NAME	400095273524
STREET ADDRESS		STREET ADDRESS	04/10/07--01048--015 **\$61.25
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>[Signature]</i>		Date 319.07 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	