2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05051

FILED Mar 16, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 805 GLENN PARKWAY HOLLYWOOD, FL 33021 **Current Mailing Address: New Mailing Address:** 805 GLENN PARKWAY HOLLYWOOD, FL 33021 FEI Number: 65-0057308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PYNGOLIL, JOY FR. DR. 6780 56 STREET VERO BEACH, FL 32967 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PYNGOLIL, JOY FR.DR. Name: Name: 6780 56 STREET Address: Address: City-St-Zip: VERO BEACH, FL 32967 City-St-Zip: Title: Title: (X) Change () Addition () Delete MELEPURACKAL, CHACKO Name: CHAPPALATHARA, D JOSEPH Name: Address: 5011 BROOKSTONE TER Address: 835 NE 172ND TERRACE City-St-Zip: COOPERCITY, FL 33330 City-St-Zip: MIAMI, FL 33162 Title: () Delete Title: (X) Change () Addition PANAGAYIL, ALIAS A PANAGAYIL, ALIAS A Name: Name: 2330 NW 139TH AVE 2330 NW 139TH AVE Address: Address: City-St-Zip: SUNRISE, FL 33028 City-St-Zip: SUNRISE, FL 33028 Title: MD () Delete Title: (X) Change () Addition THOMAS, VIJAYAN DR. MATHULLA, GEEVARGHESE DR. Name: Name: 1101 NW 134 AVE Address: Address: 1148 NW 144 TERRACE City-St-Zip: SUNRISE, FL 33323 City-St-Zip: PEMBROKE PINES, FL 33028 Title: () Delete Title: () Change () Addition MATHEW, VARGHESE Name: Name: 9759 SAVONA WIND DRIVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 PD 03/16/2009