

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 FEB 11 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FL 32399  
900012862789  
02/20/03--01008--036 \*\*70.00

DOCUMENT # N05051

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



Principal Place of Business  
805 GLENN PARKWAY  
HOLLYWOOD, FL 33021

Mailing Address  
4211 SW 106 TERRACE  
DAVIE, FL 33328

2. Principal Place of Business

3. Mailing Address  
**805 Glenn Parkway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Hollywood FL**

Zip

Country

Zip  
**33021**

Country

4. FEI Number  
**65-0057308**

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARANMULATHU, MATHEW  
4211 SW 106 TERR  
DAVIE, FL 33328

7. Name and Address of New Registered Agent

Name **Rev. JOY PYNGOLIL, Ph.D**  
Street Address (P.O. Box Number is Not Acceptable)  
**805 GLENN PARKWAY**  
City **Hollywood** FL Zip Code **33021**

8. The above named entity certifies 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

**J. JOY PYNGOLIL**

DATE **2/5/03**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
SD	ARANMULATHU, MATHEW	4211 SW 106 TERR	DAVIE, FL 33328	<input checked="" type="checkbox"/>
MD	THOMAS, SAMUEL	1031 N 66TH TERR	HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/>
PD	THOMAS, THOMAS REV	9486 49TH PLACE	FORT LAUDERDALE, FL 33328	<input checked="" type="checkbox"/>
MD	VARGHESE, ULAHANNAN	6961 SW 61 PLACE	COOPER CITY, FL 33328	<input checked="" type="checkbox"/>
TD	THOMAS, JOHN V	8735 SO 56TH PLACE	FORT LAUDERDALE, FL 33328	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
P.D	Rev. JOY PYNGOLIL, Ph.D	6780 56th St	FL 32967	<input type="checkbox"/>	<input type="checkbox"/>
TD	George Grewaroghere	1174 Fairfield, m Ladows,	FL 33327	<input type="checkbox"/>	<input type="checkbox"/>
MD	M.V. Chacko	5011 Brookstone,	FL 33330	<input type="checkbox"/>	<input type="checkbox"/>
SD	K.O. George	8377 NW 57 Drive	FL 33067	<input type="checkbox"/>	<input type="checkbox"/>
MD	P.A. Alias			<input type="checkbox"/>	<input type="checkbox"/>
MD	BABY THOMAS	12527 NW 18th Manoy	FL 33028	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 the empowered.

SIGNATURE:

DATE **2/5/03**

Copyline Phone #

CR28037 (10/02)