


# 83 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 14 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
Suite, Apt. #, etc.  
805 GLENN PARKWAY  
City & State  
HOLLYWOOD, FL  
Zip  
33021  
Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
4211 S.W. 106 TERRACE  
City & State  
DAVIE, FL  
Zip  
33328  
Country  
USA

4. FEI Number  
65-0057308  
Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
MATHEW K. ARANMULETH  
Street Address (P.O. Box Number is Not Acceptable)  
4211 S.W. 106 TERRACE  
City  
DAVIE  
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  MATHEW K. ARANMULETH MARCH 10, 2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

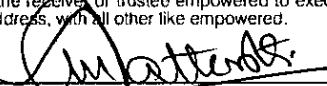
FEE IS \$61.25  
Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAKAYAIL, THOMAS REV 9486 SW 49TH PLACE COOPER CITY FL 33328 - 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARANMULATHU, MATHEW K 4211 SW 106 TERRACE DAVIE FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD THOMAS, SAMUEL 1031 N 66TH TERRACE HOLLYWOOD FL 33024 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, JOHN V 8735 SO 56TH PLACE COOPER CITY FL 33328 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD VARGHESE, ULAHANNAN 8851 SW 51 PLACE COOPER CITY FL 33328 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  MATHEW K. ARANMULATHU 03/10/03 (954) 236 3347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

3/18