FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90028 021 ****61.25

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DOCUMENT # N22239

1. Corporation Name
ST. THOMAS MALANKARA ORTHODOX CHURCH OF INDIA, I NC.

Principal Place of Business	Mailing Address
3721 NE 13TH AVE OAKLAND PARK FL 33334 US	3721 NE 13TH AVE OAKLAND PARK FL 33334 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 08/27/1987

4. FEI Number: 65-0016647 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LONAPPAN, GEORGE
3721 NE 13TH AVE
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	~~GEORGE, V C~~		1.2 NAME	LONAPPAN, GEORGE REV.	
STREET ADDRESS	~~8601 NW 21 ST~~		1.3 STREET ADDRESS	9441 SW 53rd St.	
CITY-ST-ZIP	~~SUNRISE FL 33322~~		1.4 CITY-ST-ZIP	COOPER CITY, FL 33328	
TITLE	S	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	~~MATHEW, REJI P~~		2.2 NAME	JOSEPH, BIJU A.	
STREET ADDRESS	~~9441 SW 51 ST~~		2.3 STREET ADDRESS	1178 SW 59 St.	
CITY-ST-ZIP	~~COOPER CITY FL 33328~~		2.4 CITY-ST-ZIP	COOPER CITY, FL 33328	
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	~~GEEVARUGHESE, K MATHEW~~		3.2 NAME	VARGHESE, K.C.	
STREET ADDRESS	~~9421 SW 52ND CT~~		3.3 STREET ADDRESS	5066 SW 88 TERRACE	
CITY-ST-ZIP	~~COOPER CITY FL 33328~~		3.4. CITY-ST-ZIP	COOPER CITY, FL 33328	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~THOMAS, P K~~		4. 2 NAME	VARGHESE, KORAH	
STREET ADDRESS	~~9138 WINDING WOODS DR~~		4.3 STREET ADDRESS	5204 SW 119 AVE.	
CITY-ST-ZIP	~~LAKEWORTH FL 33467~~		4.4 CITY-ST-ZIP	COOPER CITY, FL 33330	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	~~ANCHERY, GEORGE A~~		5.2 NAME	THOMAS, SAJAN K.	
STREET ADDRESS	~~621 S W 69 TERR~~		5.3 STREET ADDRESS	5926 THOMAS St. APT #5	
CITY-ST-ZIP	~~PEMBROKE PINES FL 33024~~		5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	~~IDICULLA, JOHN~~		6.2 NAME	VARGHESE, JINU	
STREET ADDRESS	~~2011 NW 104 AVD~~		6.3 STREET ADDRESS	1297 SW 151 AVE.	
CITY-ST-ZIP	~~PEMBROKE PINES FL 33026~~		6.4 CITY-ST-ZIP	SUNRISE, FL 33326	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P Lonappan by IREQUIRED LONAPPAN GEORGE 4-19-99 (954)680-3077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #