## PAGE 1 of 2

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22239 1. Entity Name

ST. THOMAS MALANKARA ORTHODOX CHURCH OF INDIA. I

Principal Place of Business

Mailing Address

3721 NE 13TH AVE OAKLAND PARK FL 33334 3721 NE 13TH AVE OAKLAND PARK FL 33334

| 2. Principal Place of Busin   | Bth AVE | 3. Mailing Address<br>3721 NE 13th AVE |         |  |  |
|-------------------------------|---------|--|---------|--|--|
| Suite, Apt. #, etc.           |         | Suite, Apt. #, etc.                    |         |  |  |
| City & State OAKLAND PARK, FL |         | City & State OAKLAND PARK, FL          |         |  |  |
| Zip                           | Country | Zip                                    | Country |  |  |

**FILED** Jan 29, 2001 8:00 am Secretary of State

01-29-2001 90177 011 \*\*\*\*61.25



| Solo, ypan, do.   |   |                                 | DO NOT WAITE IN TAIS SPACE                         |                              |  |                                   |
|---|---|---------------------------------|--|------------------------------|--|-----------------------------------|
| City & State  | DADY DI   | City & State                    |  |                              | 4. FEI Number 65-0016647 Applied Not App       |                                   |
| OAKLAND   | PARK, FL  | OAKLAND PA                      | ARK,   | F'L                          |  |                                   |
| Zip<br>33334  | Country<br><b>US</b>  | Zip<br>33334                    | Cou  | intry<br>S                   | 5. Certificate of Status Desired               | \$8.75 Additional<br>Fee Required |
| 6. Na:  | 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent |                                 |  | Agent                        |  |                                   |
| eren seem of the same                                       | 4   | r en maggiore gamentos.         |  | Name ZA                      | CHARIAH, P. M. REV.                            |                                   |
| JOHN, GEORGE REV<br>9441 SW 53RD ST<br>COOPER CITY FL 33328 |   |                                 | Street Address (P.O. Box Number is Not Acceptable) |                              |  |                                   |
|   |   |                                 |  | 11109 NORMANDY PLACE, APT. 2 |  |                                   |
|   |   |                                 |  | City TA                      | MPA FI   | L 233677                          |
| 8. The above named er                                       | stity submits this statement  | for the nurnose of changing its | register   | ad office or regi            | stored agent, or both, in the state of Elerida | •                                 |

REV. P. M. ZACHARIAH, President

01/14/2001

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: **FEE IS \$61.25**  9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to **Department of State** 

| 10.         | OFFICERS AND DIRE              | CTORS            | 11.            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |            |
|-------------|--------------------------------|------------------|----------------|---|------------|
| TITLE       | P                              | <b>XX</b> Delete | TITLE          | P Change                                    | Addition   |
| NAME        | JOHN, GEORGE REV               |                  | NAME           | Rev. P. M. Zachariah                        | [3         |
| STREET ADD  | RESS _ <b>9441_SW_53RD_ST_</b> |                  | STREET ADDRESS | 11109 Normandy Place, Apt. 2                |            |
| CITY-ST-ZIP | COOPER_CITY_FL_33328           |                  | CITY-ST-ZIP    | Tampa, FL 33617                             | ]          |
| TITLE       | S                              | XX Delete        | TITLE          | S Change                                    | 2 ,        |
| NAME        | JOSEPH <del>, B</del> IJU A    |                  | NAME           | Mr. P. K. Thomas                            | ,          |
| STREET ADDI | TITO ON SOME OFFICE            |                  | STREET ADDRESS | 9188 Winding Woods Drive                    |            |
| CITY-ST-ZIP | GOOPER-CITY-FL 33328-          |                  | CITY-ST-ZIP    | Lakeworth, FL 33467                         |            |
| TITLE       | T                              | <b>XX</b> Delete | TITLE          | T ☐ Change                                  | Addition   |
| NAME        | VARGHESE, K.C                  |                  | NAME           | Mr. P. N. George                            | ± €        |
| STREET ADDR | FESS 5066-SW-88TH-TERRACE      |                  | STREET ADDRESS | 11288 Taft Street                           | ļ.         |
| CITY-ST-ZIP | GOOPER-CITY-FL 33328           |                  | CITY-ST-ZIP    | Pembroke Pines, FL 33026                    |            |
| TITLE       | D                              | <b>XX</b> Delete | TITLE          | D Change                                    | Addition   |
| NAME        | VARGHESE, KORAH                |                  | NAME           | Mr. Mathew Geevarughese                     | İ          |
| STREET ADDR | OLUT OIT IOSTITATEROE -        |                  | STREET ADDRESS | 9421 SW 52nd Court                          |            |
| CITY-ST-ZIP | COOPER CITY FL 93330           |                  | CITY-ST-ZIP    | Cooper City, FL 33328                       |            |
| TITLE       | D                              | <b>XX</b> Delete | TITLE          | D Change                                    | Addition   |
| NAME        | THOMAS, SAJAN-K                |                  | NAME           | Mrs. Mariamma Mathen                        | İ          |
| STREET ADDR | 0320 1110MAO 01., Al 1 0       |                  | STREET ADDRESS | 8310 SW 26th Place                          |            |
| CITY-ST-ZIP | HOLLYWOOD FL-33021             |                  | CITY-ST-ZIP    | Davie, FL 33328                             |            |
| TITLE       | D                              | XXDelete         | TITLE          | D Change                                    | X Addition |
| NAME        | VARGHESE, JINU                 |                  | NAME           | Mr. Thomas E. Thommy                        |            |
| STREET ADDR | 1237-SW-151ST-AVENUE           |                  | STREET ADDRESS | 5874 SW 99th Lane, C                        | į          |
| CITY-ST-ZIP | SUNRISE FL-33326               |                  | CITY-ST-ZIP    | Cooper City, FL 33328                       | 1          |
| ا در جما    | I set at the set of the set    |                  |                |   |            |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered

Daytime Phone #

Date

## 2001 UNIFORM BUSINESS REPORT (UBR)

Httachment AUU3540

| <u> </u>                                |  |   |                            |                                | , , -                         |                               |                             |
|---|--|---|----------------------------|--------------------------------|-------------------------------|-------------------------------|-----------------------------|
| DOCU<br>1. Entity Nam                   | MENT # <b>N22239</b>   |   |                            |                                |                               |                               |                             |
| ST. THO                                 | omas Malankara Orthoi  | DOX CHURCH OF INDIA                         | <b>,</b> 1                 |                                |                               |                               |                             |
| Principal Plac                          | e of Business  | Mailing Address                             |                            |                                |                               |                               |                             |
| 3721 NE 15TH AVE                        |  |   |                            |                                | nii 📤 ai 🗪 Ria                |                               |                             |
| Principal Place of Business             |  | <del></del>                                 |                            |                                |                               |                               |                             |
| Suite, Apt. #, etc. Suite, Apt. #, etc. |  |   |                            | DO NOT WRITE IN THIS SPACE     |                               |                               |                             |
| City & Stat                             | е  | City & State                                |                            | 4. FEI Numi                    | 65-0016647                    | <b>}+</b>                     | oplied For<br>of Applicable |
| Zip                                     | Country  | Zip   | Country                    |                                | e of Status Desired           | \$8.75 Add<br>Fee Require     |                             |
|   | 6. Name and Address of Current   | Registered Agent                            | - Name                     | 7. Name an                     | d Address of New Register     | ed Agent                      |                             |
|   | <del></del>  |   | - Name                     | ZACHARIAH,                     | P. M. REV.                    |                               |                             |
|   | EORGE REV  |   | Street A                   | Address (P.O. Box Numl         | per is Not Acceptable)        |                               |                             |
| 9441 SW                                 |  |   |                            | 11100 Norm:                    | andy Place, A                 |                               |                             |
| COOPER                                  | CITY FL 33328  |   | T 531.                     |                                |                               |                               | le                          |
|   |  |   |                            | Tampa                          |                               | FL Zip Cod                    | 517                         |
| 8. The above                            | named entity submits this statement for  | or the purpose of changing its re           | egistered office o         | or registered agent, or b      | oth, in the state of Florida. |                               | ļ                           |
| SIGNATURE                               | Signature, typed or printed marks Streets agen   |   |                            | HARIAH, Pro                    | esident                       | 01/14/                        | /2001                       |
| er er sy'er soo                         | The state of the s | **   T                                      |                            | <u> </u>                       | Terror Communications (WVI)   |                               |                             |
|   | FILE NOW:<br>FEE IS \$61.25  | Section Campaign F     Trust Fund Contribut |                            | \$5.00 May Be<br>Added to Fees |                               | ck Payable to<br>ent of State |                             |
| 10.                                     | OFFICERS AND D   | IRECTORS                                    | 11.                        | ADDITIONS/CI                   | HANGES TO OFFICERS AND        | DIRECTORS IN                  | 1 10                        |
| TITLE                                   | P  | XIX Delete                                  | Tiffa.E                    | D                              |                               | ☐ Change                      | Addition                    |
| NAME                                    | JOHN, GEORGE REV   |   | NAME<br>OTRECT ADORESES    | Mr. Reji                       | P. Mathew<br>es Bluff Aver    | nue                           | ļ                           |
| STREET ADDRESS<br>CITY-ST-ZIP           | 9441 SW 53RD ST<br>COOPER CITY-FL-33328 -  |   | STREET ADDRESS CITY-ST-ZIP | Davie, FL                      | 33331                         |                               | ļ                           |
| TITLE                                   | S  | XX Delete                                   | TITLE                      | D                              |                               | Channe                        | X Addition                  |
| NAME                                    | JOSEPH, BUU-A  | - 1=3 Delete                                | NAME                       | Mr. Idicu                      | lla John                      |                               |                             |
| STREET ADDRESS                          | 1178 SW 59TH STREET  |   | STREET ADDRESS             | 2011 NW 1                      |                               | 006                           |                             |
| CITY-ST-ZIP                             | COOPER CITY FL-88328 -   |   | CITY-ST-ZIP                | L                              | Pines, FL 330                 |                               |                             |
| TITLE                                   | T  | XX Delete,                                  | _111LE                     | Mr. K. C.                      | Varghese                      |                               | - Addition -                |
| NAME<br>STREET ADDRESS                  | VARGHESE, K.C<br>5066 SW 88TH TERRACE -  |   | NAME<br>STREET ADDRESS     | 5066 SW 8                      | 8 Terrace                     |                               |                             |
| CITY-ST-ZIP                             | COOPER CITY FL-33328   |   | CITY-ST-ZIP                | Cooper Ci                      | ty, FL 33328                  |                               |                             |
| TIRLE                                   | D  | XX Delete                                   | TITLE                      |                                |                               | ☐ Change                      | Addition                    |
| NAME                                    | VARGHESE, KORAH  |   | NAME:                      |                                |                               |                               |                             |
| STREET ADDRESS                          | 5204 SW 199TH AVENUE   |   | STREET ADDRESS             |                                |                               |                               | Į                           |
| CITY-ST-ZIP                             | GOOPER GITY FL 33390   |   | CITY-ST-ZIP                |                                |                               |                               | FT Large                    |
| TITLE :                                 | D<br>THOMAS, SAJAN K –   | XX Delete                                   | TITLE<br>NAME              |                                |                               | Change                        | Addition                    |
| STREET ADDRESS                          | 5926_THOMAS_ST_, APT-5   |   | STREET ADDRESS             |                                |                               |                               |                             |
| CITY-ST-ZIP                             | HOLLYWOOD FL-33021   |   | CITY-ST-ZIP                | 1                              |                               |                               |                             |
| IME                                     | D  | XX Delete                                   | TITLE                      |                                |                               | ☐ Change                      | Addition                    |
| VAME                                    | VARGHESE, JINU   |   | NAME                       | }                              | •                             |                               |                             |
| STREET ADDRESS                          | 1237-SW-151ST AVENUE   |   | STREET ADDRESS             |                                |                               |                               | Į                           |
| CITY-ST-ZIP                             | SUNRISE-FL-33326   |   | CITY-ST-ZIP                | <u> </u>                       | <u></u>                       | <u></u>                       |                             |

Ps. P.M. 2

<sup>12.</sup> 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.