


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N33809 1. Entity Name MAR GREGORIOS SYRIAN ORTHODOX CHURCH, INC.	
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Principal Place of Business %GEORGE K. ABRAHAM 12001 N. 58TH STREET TAMPA, FL 33687	Mailing Address 12421 NORTHFLORIDA AVE D-201 TAMPA, FL 33612 US
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02182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NINAN, MATHEW
12421 NORTH FLORIDA AVE
D-201
TAMPA, FL 33612**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

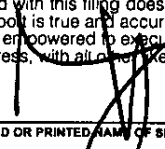
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000901707 04/29/08-80076-032 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, GEORGE, K (REV) 16207 GLENWARY COURT TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINAN, MATHEW 11506 E. QUEENSWAY DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, K K 2002 DUMONT DRIVE VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained 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 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 fees empowered.

SIGNATURE:  **MATHEW NINAN** **3-31-08** **813.205-8028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #