

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47025 (4)**  
1. Corporation Name  
**SAINT PAUL ORTHODOX CHURCH OF GREATER ORLANDO, INCORPORATED**



Principal Place of Business <b>1025 S SEMORAN BLVD LAKEVIEW OFFICE PARK, BLDG. #1 WINTER PARK FL 32792 US</b>	Mailing Address <b>748 WILLOW RUN LANE WINTER SPRINGS FL 32708-4949</b>
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3. Date Incorporated or Qualified <b>01/24/1992</b>	3a. Date of Last Report <b>04/26/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-3125799</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ABRAHAM, K. VARUGHESE  
748 WILLOW RUN LANE  
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	THOMAS, REV. D M.	1121 N HUMPHREY AVE OAK PARK IL	<input type="checkbox"/> DELETE
TITLE	VD	ZACHARIAH, REV. P M.	P O BOX 16072 N/A TAMPA FL	<input type="checkbox"/> DELETE
TITLE	D	KURUVILLA, THOMAS	709 HEATHER GLEN CIRCLE LAKE MARY FL	<input checked="" type="checkbox"/> DELETE
TITLE	SD	ABRAHAM, VARUGHESE	748 WILLOW RUN LANE WINTER SPRINGS FL	<input type="checkbox"/> DELETE
TITLE	TD	THOMAS, THAYIL P.	10847 VIA DEL SOL ORLANDO FL	<input type="checkbox"/> DELETE
TITLE	D	MATHEW, SALLY	10847 VIA DEL SOL ORLANDO FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	THOMAS, REV. DR. MK	1121 N. HUMPHREY AVE OAK PARK, IL. 60302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D	SAJIMON GEORGE	1308 HOLY SPRINGS CIRCLE ORLANDO, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	LIZI THOMAS	190, BARTON BLVD ROCKLEDGE, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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.

SIGNATURE *Abraham Varughese* (ABRAHAM, VARUGHESE) 407-695-0751

CFR2E037 (9/96)