

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 32782 US</b>	Mailing Address <b>748 WILLOW RUN LANE WINTER SPRINGS FL 32708</b>
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<b>21</b> Principal Place of Business	<b>26</b> Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>01/24/1992</b>		
<b>4.</b> FEI Number <b>59-3125799</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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**

<b>81</b> Name		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
<b>83</b>		
<b>84</b> City	<b>FL</b>	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, REV. D M.	
STREET ADDRESS	1121 N HUMPHREY AVE	
CITY - ST - ZIP	OAK PARK IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZACHARIAH, REV. P M.	
STREET ADDRESS	P O BOX 16072 N/A	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, REV. DR. MK	
STREET ADDRESS	1121 N HUMPHREY AVE	
CITY - ST - ZIP	OAK PINE IL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABRAHAM, VARUGHESE	
STREET ADDRESS	748 WILLOW RUN LANE	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, THAYIL P.	
STREET ADDRESS	10647 VIA DEL SOL	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAJIMON, GEORGE	
STREET ADDRESS	1308 HOLY SPRINGS CIRCLE	
CITY - ST - ZIP	ORLANDO FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS, THAYIL P.	
1.3 STREET ADDRESS	10647 VIA DEL SOL	
1.4 CITY - ST - ZIP	ORLANDO, FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THOMAS, Rev. Dr. M.K.	
3.3 STREET ADDRESS	1121 N. Humphrey Ave.	
3.4 CITY - ST - ZIP	OAK PARK, IL 60302	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John, Thayil	
5.3 STREET ADDRESS	2096 Wembley Place	
5.4 CITY - ST - ZIP	Oviedo, FL 32765	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

**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.

SIGNATURE: *M.K. Thomas (M.K. THOMAS)* March 24, 1998 708-848-4120

CR2E037 (10/97)