


FILED
Mar 31, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47025

1. Corporation Name
SAINT PAUL ORTHODOX CHURCH OF GREATER ORLANDO, INCORPORATED

Principal Place of Business 1025 S SEMORAN BLVD LAKEVIEW OFFICE PARK. BLDG. #1 WINTER PARK FL 32792 US	Mailing Address 748 WILLOW RUN LANE WINTER SPRINGS FL 32708
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 372236 - 90632 - 14



21 Principal Place of Business	2a Mailing Address THOMAS THAYIL P.	3 Date Incorporated or Qualified 01/24/1992
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 10647, VIA DEL SOL	4 FEI Number 59-3125799
23 City & State	28 City & State ORLANDO - FLORIDA	5 Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country 32817 U.S.A.	29 Zip Country	6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 THOMAS THAYIL P 82 Street Address (P.O. Box Number is Not Acceptable) 10647, VIA DEL SOL STREET 83 84 City ORLANDO FL 85 Zip Code 32817
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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 *Thomas Thayil P. [Signature]* DATE **4/12/99**

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	<input type="checkbox"/> DELETE	1.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, THAYIL P		1.2 NAME THOMAS, THAYIL P.	
STREET ADDRESS 10647 VIA DEL SOL		1.3 STREET ADDRESS 10647 VIA DEL SOL	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP ORLANDO FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZACHARIAH, REV. P M.		2.2 NAME ITTIKURU, C. DAVIS	
STREET ADDRESS P O BOX 16072 N/A		2.3 STREET ADDRESS 224 MALTESE CIRCLE #4	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP FERN PARK, FL	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, REV. D M		3.2 NAME	
STREET ADDRESS 1121 N HUMPHREY AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP OAK PARK IL 30302		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ABRAHAM, VARUGHESE		4.2 NAME PHILIP, THOMAS	
STREET ADDRESS 748 WILLOW RUN LANE		4.3 STREET ADDRESS 1079 BASQUE DR	
CITY-ST-ZIP WINTER SPRINGS FL		4.4 CITY-ST-ZIP ROCKLEDGE FL 32955	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN, THAYIL		5.2 NAME JOHN, THAYIL	
STREET ADDRESS 2096 WEMBLEY PLACE		5.3 STREET ADDRESS 2096 WEMBLEY PLACE	
CITY-ST-ZIP OVIEDO FL 32765		5.4 CITY-ST-ZIP OVIEDO FL 32765	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAJIMON, GEORGE		6.2 NAME SATIMON, GEORGE	
STREET ADDRESS 1308 HOLY SPRINGS CIRCLE		6.3 STREET ADDRESS 1308 HOLY SPRINGS CIRCLE	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP ORLANDO, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *THOMAS THAYIL P.* DATE: **3/29/99** DAYTIME PHONE #: **407-65742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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