FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:01

DOCUMENT # **N49328** **(0)**

1. Corporation Name

MAR THOMA CHAPEL OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% VARGHESE K. JACOB 8002 FAWNRIDGE CIRCLE TAMPA FL 33610	% VARGHESE K. JACOB 8002 FAWNRIDGE CIRCLE TAMPA FL 33610

3. Date Incorporated or Qualified: 06/08/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3135297 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 HOLY INNOCENT EPISCOPAL CHURCH	26 P.O. BOX 1010
22 Suite, Apt. #, etc. 604 N. Valrico Rd.	27 Suite, Apt. #, etc.
23 City & State VALRICO, FLORIDA	28 City & State VALRICO, FLORIDA
24 Zip 33594 25 Country U.S.A	29 Zip 33594 30 Country U.S.A

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOB, VARGHESE K. 8002 FAWNRIDGE CIRCLE TAMPA FL 33610	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Jacob,Verghese K** (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MATHEW, REV. P.G.	12 NAME	
STREET ADDRESS	5281 SW 90TH WAY #3	13 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MATHEW, V. S.	22 NAME	VD
STREET ADDRESS	26105 DUNEDIN	23 STREET ADDRESS	JACOB VALLIYIL
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP	5422 Ripple Creek Dr. Tampa FL. 33625
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	CHACKO, ABRAHAM	32 NAME	
STREET ADDRESS	2535 BRIMHALLOW DR.	33 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☑ Addition
NAME	ABRAHAM, THOMAS	42 NAME	T
STREET ADDRESS	8322 PADDLEWHEEL ST.	43 STREET ADDRESS	MATHEW VERGHESE
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	802 Oakgrove Dr. # 142 BRANDON,FL. 33510
TITLE	S	51 TITLE	☐ Change ☑ Addition
NAME	VALLIYIL, JACOB S	52 NAME	S
STREET ADDRESS	5422 RIPPLE CREEK DR	53 STREET ADDRESS	VERGHESE ABRAHAM
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	3726 Cleveland Heights # 8 Lakeland, FL. 33813
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mathew Verghese May 18, 1995 (813)744-6413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061021