

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N49328 (0)

1. Corporation Name

~~MAR THOMA CHAPEL OF CENTRAL FLORIDA, INC.~~  
ST. MARK'S MARTHOMA CHURCH OF CENTRAL FLORIDA, INC.



Principal Place of Business

HOLY INNOCENT EPISCOPAL CHURCH  
604 N VALRICO RD.  
VALRICO FL 33594  
US

Mailing Address

P.O. BOX 1010  
~~8002 FAWN RIDGE CIRCLE~~  
VALRICO FL 33594  
US

3. Date Incorporated or Qualified  
06/08/1992

3a. Date of Last Report  
05/25/1995

4. FEI Number  
59-3135297

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

P.O. BOX 1010

21 HOLY INNOCENT EPISCOPAL CHURCH

26 Suite, Apt. #, etc

Suite, Apt. #, etc.

22 604 NORTH VALRICO RD.

27 City & State

23 VALRICO FL

28 VALRICO FLORIDA

24 33594-1010

25 Hillsborough

29 33594-1010

30 Hillsborough

9. Name and Address of Current Registered Agent

JACOB, VARGHESE K.  
8002 FAWN RIDGE CIRCLE  
TAMPA FL 33610

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MATHEW, REV. P.G.  
STREET ADDRESS 5281 SW 90TH WAY #3  
CITY-ST-ZIP COOPER CITY FL ☐ DELETE

TITLE VD  
NAME VALLIYIL, JACOB  
STREET ADDRESS 5422 RIPPLE CREEK DR.  
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE TD  
NAME CHACKO, ABRAHAM  
STREET ADDRESS 2535 BRIMHOLLOW DR.  
CITY-ST-ZIP VALRICO FL ☒ DELETE

TITLE T  
NAME ABRAHAM, THOMAS  
STREET ADDRESS 8322 PADDLEWHEEL ST.  
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE S  
NAME VALLIYIL, JACOB B  
STREET ADDRESS 5422 RIPPLE CREEK DR  
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE T  
NAME VERGHESE, MATHEW  
STREET ADDRESS 802 OAKGROVE DR., #142  
CITY-ST-ZIP BRANDON FL ☒ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
000001773030  
-04/09/96--01012--010  
\*\*\*\$61.25

VD  
ABRAHAM, V.A.  
8341 PADDLEWHEEL ST.  
TAMPA FL 33637 ☐ Change ☒ Addition

TD  
REGI VARGHESE  
1219 Grassy Meadow Pl  
BRANDON FL 33511 ☐ Change ☒ Addition

SD  
MATHEW VERGHESE  
802 Oakgrove Dr. # 142  
BRANDON FL 33510 ☒ Change ☐ Addition

D  
MATHEW, V.S.  
5111 N.W 24th Ter.  
GAINESVILLE FL 32605 ☐ Change ☒ Addition

D  
VALLIYIL, JACOB  
5422 Ripple Creek Dr.  
TAMPA FL 33625 ☒ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATHEW VERGHESE

3/16/96

(813)744-6413

Daytime Phone

Daytime Phone