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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N49328 (0)

1. Corporation Name

ST.MARK'S MARTHOMA CHURCH OF CENTRAL FLORIDA INC

Principal Place of Business

Mailing Address

C/O HOLY INNOCENT EPISCOPAL CHURCH
604 NORTH VALRICO ROAD
VALRICO FL 33610
US

P.O. BOX 1010
VALRICO FL 33595-1010
US



3. Date Incorporated or Qualified
06/08/1992

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOB, VARGHESE K.

8002 FAWNBRIDGE CIRCLE
TAMPA FL 33610

9313 HERITAGE OAK CT
TAMPA FL 33647

(813) 907-0977

81 Name

JACOB VARGHESE K.

82 Street Address (P.O. Box Number is Not Acceptable)

9313 HERITAGE OAK CT

83

TAMPA

84 City

TAMPA

FL

85 Zip Code

33647

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☒ DELETE

1.1 TITLE PD
1.2 NAME George, Rev. T.C.
1.3 STREET ADDRESS 5281 SW 90TH WAY #3
1.4 CITY-ST-ZIP COOPER CITY, FL 33328

☒ Change

☒ Addition

TITLE VD
NAME ABRAHAM, V.A.
STREET ADDRESS 8341 PADDLEWHEEL ST.
CITY-ST-ZIP TAMPA FL 33637

☐ DELETE

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

☐ Change

☐ Addition

TITLE TD
NAME VARGHESE, REGI
STREET ADDRESS 1219 GRASY MEADO PLACE
CITY-ST-ZIP BRANDON FL 33511

☐ DELETE

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

☐ Change

☐ Addition

TITLE D
NAME MATHEW, V.S.
STREET ADDRESS 5111 N.W. 24TH TER.
CITY-ST-ZIP GAINESVILLE FL 32605

☒ DELETE

4.1 TITLE D
4.2 NAME SAMUEL, JOHN
4.3 STREET ADDRESS 16056 Penwood Drive, Tampa, FL
4.4 CITY-ST-ZIP 33647

☒ Change

☒ Addition

TITLE D
NAME VALLIYIL, JACOB B
STREET ADDRESS 5422 RIPPLE CREEK DR
CITY-ST-ZIP TAMPA FL 33625

☐ DELETE

5.1 TITLE SD
5.2 NAME VALLIYIL, JACOB V
5.3 STREET ADDRESS 5422 RIPPLE CREEK DR
5.4 CITY-ST-ZIP TAMPA, FL 33625-6417

☒ Change

☐ Addition

TITLE SD
NAME VARGHESE, MATHEW
STREET ADDRESS 802 OAKGROVE DR., #142
CITY-ST-ZIP BRANDON FL 33510

☐ DELETE

6.1 TITLE D
6.2 NAME VARGHESE, MATHEW
6.3 STREET ADDRESS 1714 BELL RANCH ST
6.4 CITY-ST-ZIP BRANDON, FL 33511

☒ Change

☐ 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

11/16/97 (09/96)