


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 804 NORTH VALRICO ROAD VALRICO FL 33610 US	P.O. BOX 1010 VALRICO FL 33594 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	06/08/1992
4. FEI Number	59-3135297
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

JACOB, VARGHESE K.
9313 HEIRTAGE OAK CT.
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name	Jacob, VARGHESE, K
82 Street Address (P.O. Box Number is Not Acceptable)	9313 HEIRTAGE OAK CT
83 City	TAMPA
84 State	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	GEORGE, REV. T	STREET ADDRESS	5281 S.W. 90TH WAY, #3	CITY-ST-ZIP	COOPER CITY FL	<input type="checkbox"/> DELETE
TITLE	VD	NAME	ABRAHAM, V.A.	STREET ADDRESS	8341 PADDLEWHEEL ST.	CITY-ST-ZIP	TAMPA FL 33637	<input type="checkbox"/> DELETE
TITLE	TD	NAME	VARGHESE, REGI	STREET ADDRESS	1219 GRASY MEADO PLACE	CITY-ST-ZIP	BRANDON FL 33511	<input type="checkbox"/> DELETE
TITLE	D	NAME	SAMUEL, JONN	STREET ADDRESS	16056 PENWOOD DRIVE	CITY-ST-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	SD	NAME	VALLIYIL, JACOB B	STREET ADDRESS	5422 RIPPLE CREEK DR	CITY-ST-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	VARGHESE, MATHEW	STREET ADDRESS	1714 BELLRANCH ST.	CITY-ST-ZIP	BRANDON FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	1.2 NAME	GEORGE, REV. T	1.3 STREET ADDRESS	5281 S.W. 90TH WAY #3	1.4 CITY-ST-ZIP	COOPER CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	2.2 NAME	ABRAHAM - P. CHACKO	2.3 STREET ADDRESS	115 LITHIA PINECREST RD.	2.4 CITY-ST-ZIP	BRANDON, FL - 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	TD	3.2 NAME	JOHN PHILIPPOSE	3.3 STREET ADDRESS	12913 BIG SUR DR.	3.4 CITY-ST-ZIP	TAMPA, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D	4.2 NAME	KOSHY VARGHESE	4.3 STREET ADDRESS	4956 EBENSBERG DR	4.4 CITY-ST-ZIP	Tampa, FL - 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	SD	5.2 NAME	ALOYAMMA.P. ABRAHAM	5.3 STREET ADDRESS	115 LITHIA PINECREST RD	5.4 CITY-ST-ZIP	Brandon, FL - 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	6.2 NAME	VARGHESE MATHEW	6.3 STREET ADDRESS	1714 Bellranch St.	6.4 CITY-ST-ZIP	Brandon, FL -	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: J. Aloyamma P. Abraham (SECRETARY) 4/27/98 (813) 685-9348

CR2E037 (10/97)