


FILE NOW: FILING FEE IS \$61.25

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Mar 29, 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	
DOCUMENT # N49328					
1. Corporation Name ST.MARK'S MARTHOMA CHURCH OF CENTRAL FLORIDA INC					
Principal Place of Business C/O HOLY INNOCENT EPISCOPAL CHURCH 604 NORTH VALRICO ROAD VALRICO FL 33610 US			Mailing Address P.O. BOX 1010 VALRICO FL 33594 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3135297		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	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			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	GEORGE, REV. T				
STREET ADDRESS	5281 S.W. 90TH WAY, #3				
CITY-ST-ZIP	COOPER CITY FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	ABRAHAM, V.A.				
STREET ADDRESS	8341 PADDLEWHEEL ST.				
CITY-ST-ZIP	TAMPA FL 33637				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	VARGHESE, REGI				
STREET ADDRESS	1219 GRASY MEADO PLACE				
CITY-ST-ZIP	BRANDON FL 33511				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	SAMUEL, JONN				
STREET ADDRESS	16056 PENWOOD DRIVE				
CITY-ST-ZIP	TAMPA FL				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	VALLIYL, JACOB B				
STREET ADDRESS	5422 RIPPLE CREEK DR				
CITY-ST-ZIP	TAMPA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	VARGHESE, MATHEW				
STREET ADDRESS	1714 BELLRANCH ST.				
CITY-ST-ZIP	BRANDON FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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				
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	MRS. SARAMMA VARGHESE				
2.3 STREET ADDRESS	1714 BELLRANCH ST.				
2.4 CITY-ST-ZIP	BRANDON FL 33511				
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	MR. JOHN PHILLIPOSE				
3.3 STREET ADDRESS	12913 BIG SUR DRIVE				
3.4 CITY-ST-ZIP	TAMPA FL 33625				
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	MR. THOMAS ABRAHAM				
4.3 STREET ADDRESS	1144 BLUEFIELD AVE				
4.4 CITY-ST-ZIP	BRANDON FL 33511				
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	MR. ABRAHAM P. CHAND				
5.3 STREET ADDRESS	1115 LITHIA PINCREST RD				
5.4 CITY-ST-ZIP	BRANDON FL 33511				
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME	VARGHESE MATHEW				
6.3 STREET ADDRESS	1714 BELLRANCH ST				
6.4 CITY-ST-ZIP	BRANDON FL 33511				

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

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