

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49328

1. Entity 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 33594
US

Mailing Address

P.O. BOX 1010
VALRICO FL 33594
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3135297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GEORGE, REV. T
STREET ADDRESS 5281 S.W 90TH WAY, #3
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CHACKO, ABRAHAM P
STREET ADDRESS 1115 LITHIA PINECREST ROAD
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME PHILLIPOSE, JOHN
STREET ADDRESS 12913 BIG SUR DR
CITY-ST-ZIP TAMPA FL 33625

TITLE TD ☐ Change ☐ Addition
NAME Abraham VARGHESE
STREET ADDRESS 2719 TURKEY CREEK RD-
CITY-ST-ZIP Plant City, FL-33567

TITLE VA ☐ Delete
NAME ABRAHAM, V A
STREET ADDRESS 8341 PADLEWHEEL ST
CITY-ST-ZIP TAMPA FL 33637

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME VERGHESE, MATHEW
STREET ADDRESS 1714 BELL RANCH ST
CITY-ST-ZIP BRANDON FL 33511

TITLE SD ☐ Change ☐ Addition
NAME THOMAS ABRAHAM
STREET ADDRESS 1144 BLUFIELD AVE
CITY-ST-ZIP BRANDON, FL-33511

TITLE D ☐ Delete
NAME VARGHESE, JACOB
STREET ADDRESS 5520 GUNN HIGHWAY
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)