

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90190 014 ****61.25

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOB, VARGHESE K.
9313 HEIRTAGO 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MATHEW, JOSEPH REV**
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 **VARGHESE, ABRAHAM**
STREET ADDRESS **2719 TURKEY CREEK RD**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VA** ☐ Delete
NAME **VARGHESE, MATHEW**
STREET ADDRESS **1714 BELL RANCHSE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VALLIYIL, JACOB**
STREET ADDRESS **8844 CYPRESS HAMMOCK DR**
CITY-ST-ZIP **TAMPA FL 33614**

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 MATHEW VARGHESE 04/14/2003 (813) 276-2736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)