

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000004710 (0) ^{NC 12-13-95}

1. Corporation Name

~~ST. THOMAS CHURCH OF FLORIDA INC.~~ NAME CHANGED
ST. LUKE'S. MARTHOMA CHURCH, SOUTH FLORIDA INC.



Principal Place of Business

Mailing Address

6454 N.W. 65TH TERRACE
PARKLAND FL 33067

6454 N.W. 65TH TERRACE
PARKLAND FL 33067

400001809464
-05/06/96--01062--036

3. Date Incorporated or Qualified
10/19/1993

3a. Date of Last Report
04/06/1995

2. Principal Place of Business
21 **SAME AS ABOVE**

2a. Mailing Address
26 **SAME AS ABOVE**

4. FEI Number
65-0447074

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

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

KUNCHANDY, GEORGE
6454 N.W. 65TH TERRACE
PARKLAND FL 33067

81 Name **SAME.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **500001809465**
84 City **-05/06/96--01062--037** Zip Code **FL 85**

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

George Kunchandy

4/5/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, PHILIP M.D.	CHANGED
STREET ADDRESS	3070 NE 47 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PRAKASH, SAMUEL	CHANGED
STREET ADDRESS	6701 NW 33 WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KUNCHANDY, GEORGE	SAME
STREET ADDRESS	6454 NW 65 TERR	
CITY-ST-ZIP	PARKLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, CHACKO	CHANGED
STREET ADDRESS	11567 NW 40 CT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATHL, LEELAMMA	CHANGED
STREET ADDRESS	5377 NW 80 TERR	
CITY-ST-ZIP	PARKLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	REV. DR. GEORGE P.G.	
13 STREET ADDRESS	744 NEWTOWN RICHBORO RD	
14 CITY-ST-ZIP	RICHBORO. PA. 18954-1718	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DR. JOSE ENOSE.	
23 STREET ADDRESS	1611 CABOT LANE	
24 CITY-ST-ZIP	WELLINGTON. FL. 33414	
31 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	KUNCHANDY, GEORGE.	
33 STREET ADDRESS	6454 NW 65 TERR	
34 CITY-ST-ZIP	PARKLAND. FL. 33067	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	KOSHY, M.V.	
43 STREET ADDRESS	5424 N.E. 5 AVE	
44 CITY-ST-ZIP	FT. LAUDERDALE. FLORIDA. 33334	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SAMUEL MATHAI.	
53 STREET ADDRESS	5377 NW 80 TERR.	
54 CITY-ST-ZIP	PARKLAND. FLORIDA. 33067	
61 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

George Kunchandy (GEORGE KUNCHANDY SECRETARY)

4/5/96 954(341-8460)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11295

78-17-96