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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

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1. Corporation Name

ST. LUKE'S MARTHOMA CHURCH, INC. SOUTH FLORIDA

Principal Place of Business

6101 NW 9TH STREET  
MARGATE FL 33063

Mailing Address

6101 NW 9TH STREET  
MARGATE FL 33063



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/19/1993

4. FEI Number

65-0447074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MATHEWS, ALEXANDER  
6471 SW 9TH PLACE  
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name GEORGE KUNCHANDY

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

83 6454 NW 65 TERR

84 City PARKLAND FL 85 Zip Code 33067

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 GEORGE KUNCHANDY (SECRETARY) 3/31/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P/D  
STREET ADDRESS GEORGE, T.C. REV  
CITY-ST-ZIP 5281 SW 90 WAY #3  
COOPER CITY FL 33328

TITLE ☐ DELETE

NAME V/D  
STREET ADDRESS GEORGE, PHILIP DR  
CITY-ST-ZIP 3070 NE 47TH ST  
COOPER CITY FL 33308

TITLE ☐ DELETE

NAME S  
STREET ADDRESS MATHEWS, ALEXANDER  
CITY-ST-ZIP 6471 SW 9TH PLACE  
COOPER CITY FL 33068

TITLE ☐ DELETE

NAME T  
STREET ADDRESS KURIEN, ALEXANDER  
CITY-ST-ZIP 15655 CHILLINGSWORTH  
DAVIE FL 33310

TITLE ☐ DELETE

NAME T  
STREET ADDRESS VARGHESE, P.T.  
CITY-ST-ZIP 2144 NW 114 TERRACE  
CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: George Kunchandy 3/31/99 (954) 341-8460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)