

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90031 002 ****61.25

DOCUMENT # N93000004710

1. Entity Name

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

Principal Place of Business

Mailing Address

**6101 NW 9TH STREET
MARGATE FL 33063**

**6101 NW 9TH STREET
MARGATE FL 33063**

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

65-0447074

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

**VARGHESE, JIJ P
4108 NW 78TH LANE
CORAL SPRINGS FL 33065**

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

TITLE ☒ Change ☐ Addition
NAME **P/D**
STREET ADDRESS **REV. SIMON BEHANAN**
CITY-ST-ZIP **1671 DRAYTON WOODS DR.
TUCKER, GA. 30084**

TITLE ☐ Delete
NAME **V/D**
STREET ADDRESS **KUNCHANDY, GEORGE**
CITY-ST-ZIP **6953 NW 19TH ST
MARGATE FL 33063**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **VARGHESE, JIJ**
CITY-ST-ZIP **4108 NW 78TH LANE
CORAL SPRINGS FL 33065**

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

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **KURIEN, ALEXANDER**
CITY-ST-ZIP **15655 CHILLINGS WORTH CT.
DAVIE FL 33331**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **MARIAMMA ABRAHAM**
CITY-ST-ZIP **6188 SHADOWTREE LN
LAKE WORTH, FL 33643**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **CHACKO, JOSE**
CITY-ST-ZIP **2983 RIVERSIDE DRIVE
CORAL SPRINGS FL 33065**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Mrs. SARAH MATHEN**
CITY-ST-ZIP **288 NW 119 DY
CORAL SPRINGS, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ST. LUKE'S MARTHOMA CHURCH, INC.

3/19/02

(954) 752 7530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)