


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90060 020 ****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

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**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
VARGHESE, JIJI P
4108 NW 78TH LANE
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 Name **GEORGE KUNCHANDY**
 Street Address (P.O. Box Number is Not Acceptable)
6953 NW 19th St.
 City **MARGATE FL** Zip Code **33063**

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 George Kunchandy **SECRETARY** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BEHANAN, SIMON REV 1671 PRAYTON WOODS DR TUCKER GA 30084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ENOSE, JOSE DR 12622 WHITE CORAL DR WEST PALM BEACH FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUNCHANDWAY, GEORGE 6953 NW 19TH ST POMPANO BEACH FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KANAIL, JOSEPH 2534 NW 92 AVE POMPANO BEACH FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHIBU, JOSEPH 8572 NW 46 DR POMPANO BEACH FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MATHEW, KOSHY REV 790 ROUTE 10 WEST RANDOLPH NJ 07869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KURIEN, GEORGE 6340 FALCONSGATE AVE DAVIE FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KUNCHANDY, GEORGE 6953 NW 19TH ST POMPANO BEACH FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ABRAHAM, VALLIYIL 6188 SHADOW TREE LANE LAKEWORTH FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition SHIBU JOSEPH 8572 NW 46TH DR POMPANO BEACH FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George Kunchandy **GEORGE KUNCHANDY** 2/8/04 (954) 979-2640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #