

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90073 012 ****61.25

DOCUMENT # N93000004710			
1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent KUNCHANDY, GEORGE 6953 NW 19 ST POMPANO BEACH FL 33063				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 **GEORGE KUNCHANDY** **SECRETARY** **2/26/04**
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MATHEW, KOSHY REV 790 ROUTE 10 WEST RANDOLPH NJ 07869 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAJI. P. THOMAS. REV. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 Walker Ave, Pikes-Ville MD 21208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KURIEN, GEORGE 6340 FALCONSGATE AVE FORT LAUDERDALE FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOSHY. MANTHAYIL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4433. NW. 89 way Coral SPRING. FL. 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUNCHANDY, GEORGE 6953 NW 19TH ST POMPANO BEACH FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KUNCHANDY, GEORGE. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6953. NW. 19th St. MARGATE. FL. 33063.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABRAHAM, VALLIYIL 6188 SHADOW TREE LANE LAKE WORTH FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T. VARGHESE. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6314 Greenhedge Ct West Palm Bch, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIBU, JOSEPH 8572 NW 46 DR POMPANO BEACH FL 33067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JITI VARGHESE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5109 Prairie Dunes Village Cir Lake Worth, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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** **SECRETARY** **2/26/05 (954) 979-2640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #