2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000004710

1. Entity Name

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



01-22-2007 90074 049 ****61.25

FILED

Jan 22, 2007 8:00 am Secretary of State

Principal Place of Business 6101 NW 9TH STREET MARGATE, FL 33063 Mailing Address

6101 NW 9TH STREET MARGATE, FL 33063



01132007 No Chg-NP

CR2E037 (4/06)

4. FEI Number		. [Applied For
65-0447074				Not Applicable
5 Certificate of Status Desired	П	\$8.7	5	Additional

5. Certificate of Status D

Fee Required

6. Name and Address of Current Registered Agent

KUNCHANDY, GEORGE 6953 NW 19 ST POMPANO BEACH, FL 33063

DO	NOT	WRITE
IN	THIS	SPACE

	named entity submits this statement for the plans of registered agent.				th, in the State of Florida. I am familiar with, and accept			
SIGNATURE GEORGE (CUNCHANDY). SECRETARY. 115 04. Signature, typed or plinted name of registered agent and title of applicable. (NOTE: Registered Agent signature required when renetating) OATE								
1 1 1	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be				
				7,0000 10 1 000				
10.	OFFICERS AND DIREC							
TITLE	PD REY SAM A							
NAME	THOMAS, GAMP 2522 . Nu	ndrug Are						
STREET ADDRESS								
CITY-ST-ZIP	TINCOTICE, INDEPENDENT CONTRACTOR OF THE CONTRAC							
TITLE	VIBIDE, MOHAU. 155AE. ABRAHAM.							
NAME	MAKTHRAYH KOSHY 312 . N. COUNTRY							
STREET ADDRESS		LUB DR						
CITY-ST-ZIP	CORAL SPRINGS, FL 33965 ATL	1NTS. FL.33462						
TITLE	MAT. BIJU VARGH	ESE,						
NAME	-KUNCHANDY, GEORGE 13898. SW. 9019 AVE							
STREET ADDRESS	1993 NW 19THST APT. EEOI			DO	NOT WOITE			
CITY-ST-ZIP	POMPANO BEACH, FL 33863 FL	33176 .	DO NOT WRITE					
TITLE	TOSEPH. K	ALAYIL ;		INI '	THIS SPACE			
NAME	BABY, KOSHY K 2335 NI	W. 9279 AVE	IN THIS SPACE					
STREET ADDRESS	5111. NK1. 84THAVE C.O RAL	5001085						
CITY-ST-ZIP	FORT LAUDERDALE, FL 33351 F							
TITLE		KUNCHANDY						
NAME	VARGHESE, JIJI 6953	B. NO. I Alki SI						
STREET ADDRESS	\$100 DDAIDIE DUDNEY VII I ACE CU	33063						
CITY-ST-ZIP	LAKE WORTH, FL 39489 M. A	REMEFL 336						
TITLE								
NAME								
STREET ADDRESS								
CITY-ST-ZIP								
12. I hereby	certify that the information supplied with this t	iling does not qualify for the exempti	ions con	ained in Chapter 11	9. Florida Statutes. I further certify that the information			

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 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 STATE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description of Directors

Date

Description of Directors

Description of Directors