


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90022 034 \*\*\*\*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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01052008		Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0447074		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KUNCHANDY, GEORGE 6953 NW 19 ST POMPANO BEACH, FL 33063		Name <b>KOSHY, MANTHARAYIL.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4433 NW 89 WAY.</b> <b>CORAL SPRINGS. FL. 33065</b> City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Koshy</i>		(SECRETARY)	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ABRAHAM, SAM REV. 2522 NW 92ND AVE. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABRAHAM, MOHAN DR. ISSAC 312 N COUNTRY CLUB DR ATLANTIS, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ABRAHAM, VALLIYIL</b> <b>6188 SHADOW TREE LN.</b> <b>LAKE WORTH, FL 33463.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KALAYIL, JOSEPH 2355 NW 92ND AVE. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARGHESE, BIJU 13898 SW 90TH AVE. APT. EE01 ATLANTIS, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VARGHESE, CHAKO</b> <b>5135 NW 57th WAY.</b> <b>CORAL SPRINGS, FL 33067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUNCHANDY, GEORGE 6953 NW 19TH STREET MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KOSHY, MANTHARAYIL</b> <b>4433 NW 89th WAY.</b> <b>CORAL SPRINGS, FL 33065</b>
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 exemptions contained in Chapter 119, 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: <i>Koshy</i>		(954) 255-7164	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	