

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05051

**FILED**  
**Mar 11, 2021**  
**Secretary of State**  
**3285198208CC**

**Entity Name:** ST. THOMAS (INDIAN) ORTHODOX CHURCH OF SOUTH FLORIDA INC.

**Current Principal Place of Business:**

805 GLENN PARKWAY  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

805 GLENN PARKWAY  
HOLLYWOOD, FL 33021

**FEI Number: 65-0057308**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PYNGOLIL, JOY FR. DR.  
12811 COUNTRY GLEN DRIVE  
COOPER CITY, FL 33330 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PYNGOLIL, JOY FR.DR.  
Address 12811 COUNTRY GLEN DRIVE  
City-State-Zip: COOPER CITY FL 33330

Title T/D  
Name CHACKO, MELEPURACKAL V  
Address 5011 BROOKSTONE TERRACE  
City-State-Zip: COOPER CITY FL 33330-2716

Title SECRETARY  
Name VARGHESE, MATHEW  
Address 8242 NW 42ND ST  
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR  
Name CHERIAN, THOMAS  
Address 1515 SW 193RD AVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title DIRECTOR  
Name ALIAS, PANANGAYIL  
Address 2330 NW 139 AVE  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name THOMAS, VIJAYAN  
Address 1148 NW 144 TERRACE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name MAMMEN, VINTU  
Address 2310 N 69TH WAY  
City-State-Zip: HOLLYWOOD FL 33024

Title CORRESPONDING SECRETARY  
Name WILLIAMS, JIBU  
Address 11894 SW 47TH ST  
City-State-Zip: COOPER CITY FL 33330

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MELEPURACKAL CHACKO**

**T/D**

**03/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date