

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001806

Entity Name: ST.JUDE KNANAYA CATHOLIC CHURCH OF SOUTH FLORIDA
INC**FILED**
Apr 24, 2017
Secretary of State
CC9174620243**Current Principal Place of Business:**1105 NW 6TH AVE
FT. LAUDERDALE, FL 33311**Current Mailing Address:**1105 NW 6TH AVE
FT. LAUDERDALE, FL 33311 US**FEI Number: 26-2183547****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THOMAS, FR. SUNI P
1105 NW 6TH AVE
FT. LAUDERDALE, FL 33311 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 TRUSTEE
Name LUKOSE, JOSEPH
Address 11938 ACORN DR
City-State-Zip: DAVIE FL 33330Title TRUSTEE
Name PUTHIYADATHUSSERY, ABRAHAM
Address 5130 JEFFERSON ST
City-State-Zip: HOLLYWOOD FL 33021Title SECRETARY
Name STEPHEN , THARAYIL
Address 2120 NW 33RD TERRACE
City-State-Zip: COCONUT CREEK FL 33066Title TREASURER
Name IDICULLA, BABYCHAN
Address 6906 E WEDGEWOOD AVE
City-State-Zip: DAVIE FL 33331Title P
Name THOMAS, FR. SUNI P.
Address 1105 NW 6TH AVE
City-State-Zip: FT. LAUDERDALE FL 33311

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: THOMAS , FR. SUNI P.**P****04/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date