

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000007018

Entity Name: OOMMEN MINISTRY & SERVICES INC.**Current Principal Place of Business:**4504 GREAT BLUE HERON DR.
LAKELAND, FL 33812**Current Mailing Address:**4504 GREAT BLUE HERON DR.
LAKELAND, FL 33812**FEI Number:** 47-4632183**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAMES, ANUGRAHA
4504 GREAT BLUE HERON DR.
LAKELAND, FL 33812 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	D/C
Name	PENIEL, CHERIAN
Address	8 FAIRFAX COURT, THORNHILL
City-State-Zip:	ONTARIO, L4J 7S1, CANADA AL

Title	D/VC
Name	OOMMEN, VILGI
Address	5853 CHARLTON DR.
City-State-Zip:	LAKELAND FL 33812

Title	D/P
Name	OOMMEN, JAMES G REV.
Address	4504 GREAT BLUE HERON DR.
City-State-Zip:	LAKELAND FL 33812

Title	D/S
Name	ABRAHAM, SIBY G
Address	4112 BERKSHIRE LOOP
City-State-Zip:	LAKELAND FL 33813

Title	D/T
Name	JOHN, ROBIN
Address	4801 BERKSHIRE LOOP
City-State-Zip:	LAKELAND FL 33813

Title	D
Name	OOMMEN, ALEX GEORGE
Address	4504 GREAT BLUE HERON DR.
City-State-Zip:	LAKELAND FL 33812

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: OOMMEN, JAMES G, REV.**D/P****05/19/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date