

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90136 026 \*\*\*\*61.25

**DOCUMENT # N47323**

1. Entity Name  
**EBENEZER INDIA PENTECOSTAL CHURCH, INC.**

Principal Place of Business <b>4040 E 540A          LAKELAND FL 33813          US</b>	Mailing Address <b>P.O. BOX 452          HIGHLAND CITY FL 33846</b>
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2. Principal Place of Business <b>4040 E. 540A</b>	3. Mailing Address <b>P.O. Box 452</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>LAKELAND, FLORIDA</b>	City & State <b>HIGHLAND CITY, FL 33846</b>
Zip <b>33813</b>	Country <b>U.S.A</b>
Zip <b>33846</b>	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3110620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PAPPACHEN, GEORGE          6633 KITTY FOX LANE          LAKELAND FL 33813</b>	7. Name and Address of New Registered Agent Name <b>VANOJ MATHEW</b> Street Address (P.O. Box Number is Not Acceptable) <b>1735 S. CIVITIAN AVE</b> City <b>LAKELAND FL</b> Zip Code <b>33801</b>
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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.

SIGNATURE *x Vanoj Mathew* DATE *02/22/01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABRAHAM, JOY REV</b> <b>336 RED ROSE CIRCLE</b> <b>ORLANDO FL 32835</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REV. JOY ABRAHAM</b> <b>336 RED ROSE CIRCLE</b> <b>ORLANDO, FL 32835</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACOB, R</b> <b>6316 TIERRA VISTA CIRCLE</b> <b>LAKELAND FL 33813</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VANOJ MATHEW</b> <b>1735 S. CIVITIAN AVE</b> <b>LAKELAND, FL 33801</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATHAI, CHAKOCHAN T</b> <b>3927 LEHMAN CT</b> <b>LAKELAND FL 33813</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOSEPH GEORGE</b> <b>2343 CHESTERFIELD CIRCLE</b> <b>LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EAPAN, GEORGE</b> <b>3746 FEATHER DR</b> <b>LAKELAND FL 33813</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REJ, VARGHESE</b> <b>4205 SUNNY GLEN DR</b> <b>LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAPPACHEN, GEORGE</b> <b>6633 KITTY FOX LANE</b> <b>LAKELAND FL 33813</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATHEW VARGHESE</b> <b>2324 AVE C.S.W.</b> <b>WINTER HAVEN FL 33880</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: *x Vanoj Mathew* DATE: *02/22/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)