

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90064 003 \*\*\*\*61.25

**DOCUMENT # N47323**

1. Entity Name

**EBENEZER INDIA PENTECOSTAL CHURCH, INC.**

Principal Place of Business

Mailing Address

**4040 E 540A  
 LAKELAND FL 33813  
 US**

**P.O. BOX 452  
 HIGHLAND CITY FL 33846**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3110620**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANOJ, MATHEW  
 1735 S CIVITIAN AVE  
 LAKELAND FL 33801**

Name **MANAMKERIL V. KURUVILLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~1718 ELK DRIVE~~  
**1718 ELK DRIVE**  
 City **LAKELAND FL** Zip Code **33801**

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 *[Signature]* **MANAMKERIL V. KURUVILLA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <input type="checkbox"/> Delete	ABRAHAM, JOY REV 336 RED ROSE CIRCLE ORLANDO FL 32835
TITLE NAME	<b>D</b> <input checked="" type="checkbox"/> Delete	VANOJ, MATHEW 1735 S CIVITIAN AVE LAKELAND FL 33801
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete	GEORGE, JOSEPH 2343 CHESTERFIELD CIRCLE LAKELAND FL 33813
TITLE NAME	<b>D</b> <input checked="" type="checkbox"/> Delete	VARGHESE, REJI 4205 SUNNY GLEN DRIVE LAKELAND FL 33813
TITLE NAME	<b>D</b> <input checked="" type="checkbox"/> Delete	VARGHESE, MATHEW 2324 AVE CSW WINTER HAVEN FL 33880
TITLE NAME	<input type="checkbox"/> Delete	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MANAMKERIL V. KURUVILLA 1718 ELK DR LAKELAND FL 33801
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	GEORGE VARGHESE, 6124 WATERMAN LANE LAKELAND FL 33813
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SAMUEL MATHEW P.O. Box 1529 (910 E FINDLEY AVE) EAGLE LAKE FL 33839
TITLE NAME	<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:

**SIGNATURE REQUIRED** *[Signature]* **MANAMKERIL V. KURUVILLA**

**863 6669814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)