


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90034 003 ****61.25

DOCUMENT # N47323					
1. Entity Name EBENEZER INDIA PENTECOSTAL CHURCH, INC.					
Principal Place of Business 4040E - 540A LAKELAND, FL 33813 US		Mailing Address 4040E - 540A LAKELAND, FL 33813 US			
2. Principal Place of Business <i>Same as Above</i>		3. Mailing Address <i>Same as Above.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3110620	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAPPACHEN, GEORGE 1718 ELK DRIVE LAKELAND, FL 33801			Name VARGHESE REGI Street Address (P.O. Box Number is Not Acceptable) 5430 BEVERLY RISE BLVD City LAKELAND FL Zip Code 33813		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Regi Varghese</i>		<i>RV</i>		DATE 1.26.04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAHAM, JOY REV		NAME	RBV. George Thomas	
STREET ADDRESS	336 RED ROSE CIRCLE		STREET ADDRESS	5541 Beverly Rise Blvd	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	Lakeland FL. 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPPACHEN, GEORGE		NAME	Regi Varghese	
STREET ADDRESS	6633 KITTY FOX LANE		STREET ADDRESS	5430 Beverly Rise Blvd.	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland FL. 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, JOSEPH		NAME	Chackoohan T. Mathai	
STREET ADDRESS	2343 CHESTERFIELD CIRCLE		STREET ADDRESS	3927 Lehman Court	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland FL. 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, P. J.		NAME	Samuel Abraham	
STREET ADDRESS	3921 WHITE DOVE DR.		STREET ADDRESS	1311 Mitchell St.	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland FL. 33801	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, FRANKLIN		NAME	George Joseph	
STREET ADDRESS	336 RED ROSE CIRCLE		STREET ADDRESS	2343 Chesterfield Circle	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	Lakeland FL. 33813	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Regi Varghese</i>		<i>Regi Varghese</i>		Date 1.26.04	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	