

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47323 (3)

1. Corporation Name

EBENEZER INDIA PENTECOSTAL CHURCH, INC.



Principal Place of Business

Mailing Address

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

**P.O. BOX 1145
HIGHLAND CITY FL 33846**

3. Date Incorporated or Qualified
02/13/1992

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

2a. Mailing Address

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

4. FEI Number
59-3110620

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEORGE, BABY
4220 SUNNY LAND DR
LAKELAND FL 33813**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D KURUVILLA, M. V.**
STREET ADDRESS **P O BOX 1351 NA**
CITY-ST-ZIP **HIGHLAND CITY FL 33846**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PASTOR JACOB GEORGE**
1.3 STREET ADDRESS **4040 E. 540A**
1.4 CITY-ST-ZIP **LAKELAND, FLORIDA 33813**

TITLE ☐ DELETE
NAME **D GEORGE, RAJU**
STREET ADDRESS **4142 SUNNYVIEW DR**
CITY-ST-ZIP **LAKELAND FL 33813**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D DS GEORGE, BABY**
STREET ADDRESS **4220 SUNNYLAND DR**
CITY-ST-ZIP **LAKELAND FL 33813**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D GEORGE, THOMAS**
STREET ADDRESS **6633 KITTY FOX LANE**
CITY-ST-ZIP **LAKELAND FL 33813**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D CHACKO, MATHEW**
STREET ADDRESS **3931 WHITE DOVE DRIVE**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D GEORGE, EAPEN**
STREET ADDRESS **3746 FEATHER DR**
CITY-ST-ZIP **LAKELAND FL 33813**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE BABY

Date

Daytime Phone #

(407) 644 9088

CR2E037 (12/95)