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

**NONPROFIT CORPORATION** ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
EBENEZER INDIA PENTECOSTAL CHURCH, INC.				1 10 6 111 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6	1189 1180 0180 1180 1180 1180
Principal Plac	e of Business	Malling Address			
·		4040 E 540A			
4040 E 540A LAKELAND FL	33813	LAKELAND FL 33813			
US		US		3. Date Incorporated or Qualified 3a. ( 02/13/1992	Date of Last Report 04/22/1996
2. Principal F	Place of Business	2a. Malling Address		4. FEI Number	Applied For
Suite, Apt.	# oto	Suite, Apt. #, etc.		59-3110620	Not Applicable
22 Soite Apr.	#, BIG.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State	······································	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zıp 3	Country	8. This corporation has liability for intangib Florida Statutes	
	9. Name and Address of Curren		1	10. Name and Address of New Registered	
			61 Name		ļ
	AE, BABY		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	UNNY LAND DR		83		
LAKELA	AND FL 33813				
		• ;	84 City	. F	L 85 Zip Code
11, Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
agent. I a	am familiar with, and accept the obliga		ida Statutes	The state of the s	A CP
SIGNATURE	Signature, typed or printed name of registered ager		Registered Agent signature requ		10.97
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	KURUVILLA, M. V.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	P O BOX 1351 NA HIGHAND CITY FL 33846		1.3 STREET ADDRESS 1.4 City-St-Zip		Ì
JIJLE TIJLE	D	OELETE	2.1 TITLE		Change Addition
NAME	GEORGE, RAJU		2.2 NAME		·
STREET ADDRESS	4142 SUNNYVIEW DR		2.3 STREET ADDRESS	,	ĺ
CITY-ST-ZIP	LAKELAND FL		2. 4 CITY+ST-ZIP		
TITLE NAME	DS CEODOE PARY	☐ DELETE	3.1 TITLE 3.2 NAME		Change
STREET ADDRESS	GEORGE, BABY 4220 SUNNYLAND DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	GEORGE, THOMAS		4. 2 NAME		
STREET ADDRESS	***************************************		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LAKELAND FL 33813	DELETE	4.4 CiTY-ST-ZiP 5.1 TITLE		Change Addition
NAME	CHACKO, MATHEW	- vere	5.2 NAME		and comings 1 - 1 Monthly
STREET ADDRESS	3931 WHITE DOVE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GEORGE, EAPEN		6.2 NAME		
STREET ADDRESS CITY-ST-ZIP	3746 FEATHER DR LAKELAND FL 33813		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
1 9111 - 01 - 411	· · · · · · · · · · · · · · · · · · ·		= V.7 VIII 1 01 " (II		1

I do 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 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 ampowered 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:

**FILED** 

Apr 22 1997 8:00am

Secretary of State