

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N47323

1. Corporation Name

EBENEZER INDIA PENTECOSTAL CHURCH, INC.

Principal Place of Business

4040 E 540A
LAKELAND FL 33813
US

Mailing Address

4040 E 540A
LAKELAND FL 33813
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/13/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3110620
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

GEORGE, BABY
4220 SUNNY LAND DR
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name	REG REGI VARGHEESE
82 Street Address (P.O. Box Number is Not Acceptable)	
83	4205 SUNNY GLEN DR
84 City	LAKELAND FL
85 Zip Code	33813

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 reappointing)

DATE 05.08.99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SAMUEL, J	1.2 NAME	
STREET ADDRESS	4015 E 540A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	JACOB, R
NAME	JACOB, R	2.2 NAME	6316, TIERRA VISTA CIRCLE
STREET ADDRESS	3917 SPOONBILL CT	2.3 STREET ADDRESS	LAKE LAND FL: 33813
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	GEORGE, J	3.2 NAME	
STREET ADDRESS	4220 SUNNYLAND DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	George Baby
NAME	GEORGE, THOMAS	4.2 NAME	4220 Sunny Land Dr
STREET ADDRESS	6833 KIFTY FOX LANE	4.3 STREET ADDRESS	LAKELAND FL: 33813
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CHACKO, MATHEW	5.2 NAME	
STREET ADDRESS	3931 WHITE DOVE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Chackochan-T. malha
NAME	GEORGE, EAPEN	6.2 NAME	3754 Feather DR
STREET ADDRESS	3748 FEATHER DR	6.3 STREET ADDRESS	LAKELAND FL: 33813
CITY-ST-ZIP	LAKELAND FL 33813	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)