

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90040 043 ****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**

00003832



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3110620

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARGHESE, REGI
5430 BEVERLY RISE BLVD
LAKELAND, FL 33813**

Name **ROY JACOB**
Street Address (P.O. Box Number is Not Acceptable) **6316 TIERRA
VISTA CIRCLE**
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 **ROY JACOB**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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** ☐ Delete
NAME **THOMAS, GEORGE REV.**
STREET ADDRESS **5541 BEVERLY RISE BLVD**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **VARGHESE, REGI**
STREET ADDRESS **5430 BEVERLY RISE BLVD.**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D** ☐ Change ☒ Addition
NAME **ROY JACOB**
STREET ADDRESS **6316 TIERRA VISTA CIRCLE**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D** ☐ Delete
NAME **GEORGE, JOSEPH**
STREET ADDRESS **2343 CHESTERFIELD CIRCLE**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ABRAHAM, SAMUEL**
STREET ADDRESS **4044 PRAIRIE BEND LANE**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **D** ☐ Change ☒ Addition
NAME **K.O. SAMUEL**
STREET ADDRESS **2707 HIGHLANDS CREEK DR.**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D** ☒ Delete
NAME **MATHAI, CHACKOCHAN T**
STREET ADDRESS **3927 LEHMAN COURT**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D** ☐ Change ☒ Addition
NAME **VARGHESE PHILIP**
STREET ADDRESS **5266 ST. LUCIA DR.**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **ROY JACOB**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-06 (863) 619-7564
Date Daytime Phone #