

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90092 004 \*\*\*\*61.25

**DOCUMENT # N47323**

1. Entity Name

**EBENEZER INDIA PENTECOSTAL CHURCH, INC.**



Principal Place of Business

Mailing Address

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

**P.O. BOX 452  
HIGHLAND CITY FL 33846**

2. Principal Place of Business

3. Mailing Address

**4040E 540A**

**4040G, 540A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LAKELAND FL**

**LAKELAND FL**

City & State

City & State

**33813 POK**

**LAKELAND FL**

Zip

Country

Zip

Country

**33813**

**POK**

**33813**

**POK**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3110620**

Applied For

Not Applicable

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

**KURUVILLA, MANAMKERIL  
1718 ELK DRIVE  
LAKELAND FL 33801**

Name **G. GEORGE PAPPACHEN**

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

**6633 KITTY FOX LANE**

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

*[Signature]* Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

**3.2.03**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ABRAHAM, JOY REV	336 RED ROSE CIRCLE	ORLANDO FL 32835	<input type="checkbox"/>
D	KURUVILLA, MANAMKERIL V	1718 ELK DRIVE	LAKELAND FL 33801	<input checked="" type="checkbox"/>
D	GEORGE, JOSEPH	2343 CHESTERFIELD CIRCLE	LAKELAND FL 33813	<input type="checkbox"/>
D	VARGHESE, GEORGE	6124 WATERMAN LANE	LAKELAND FL 33813	<input checked="" type="checkbox"/>
D	MATHEW, SAMUEL	P.O. BOX 1529 910 E FINDLEY AVE	EAGLE LAKE FL 33839	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	GEORGE PAPPACHEN	6633 KITTY FOX LANE	LAKELAND FL 33813	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	P. J. THOMAS	3921 WHITE DOVE DR.	LAKELAND, FL 33813	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	FRANKLIN ABRAHAM	336 RED ROSE CIRC.	ORLANDO, FL 32835	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED** *[Signature]* Secretary 3-2-03 (86) 683 8628

CR2E037 (10/02)