

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47323

**Entity Name:** EBENEZER INDIA PENTECOSTAL CHURCH, INC.**Current Principal Place of Business:**5935 STRICKLAND AVE.  
LAKELAND, FL 33812**Current Mailing Address:**5935 STRICKLAND AVE.  
LAKELAND, FL 33812 US**FEI Number:** 59-3110620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VARGHESE, REGI  
5935 STRICKLAND AVE.  
LAKELAND, FL 33812 US*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.***SIGNATURE:** REGI VARGHESE

01/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            GEORGE, JOSEPH  
Address        5742 VINTAGE VIEW AVE  
City-State-Zip: LAKELAND FL 33812

Title            VP  
Name            MUTHALALI, JOSHUA REV  
Address        6520 CREWS LAKE CREST LOOP  
City-State-Zip: LAKELAND FL 33813

Title            PRESIDENT  
Name            KOSHY, THOMAS V REV  
Address        6215 KITTY FOX LANE  
City-State-Zip: LAKELAND FL 33813

Title            DIRECTOR  
Name            DANIEL GEORGE, STEPHEN  
Address        5622 FISCHER DR  
City-State-Zip: LAKELAND FL 33812

Title            DIRECTOR  
Name            ABRAHAM, SIBY  
Address        4112 BERKSHIRE LOOP  
City-State-Zip: LAKELAND FL 33813

Title            DIRECTOR  
Name            ABRAHAM, SAMSON  
Address        2633 BROOKSIDE BLUFF LOOP  
City-State-Zip: LAKELAND FL 33813

Title            DIRECTOR  
Name            VARGHESE, JAISON  
Address        6853 HAMPSHIRE BLVD  
City-State-Zip: LAKELAND FL 33813

Title            DIRECTOR  
Name            KOSHY, BENJI  
Address        2040 ATHENIA WAY  
City-State-Zip: LAKELAND FL 33813

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** REGI VARGHESE**SECRETARY**

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	VARGHESE, REGI
Address	3572 KENWOOD CROSSING
City-State-Zip:	LAKELAND FL 33812