

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003572	
1. Entity Name LAKELAND PENTECOSTAL ASSEMBLY, INC.	

Principal Place of Business 4025 CLUBHOUSE RD LAKELAND FL 33813	Mailing Address P.O. BOX 137 HIGHLAND CITY FL 33846 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-3719167	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOSHY, JACOB REV 5237 MONTERRAT CT LAKELAND FL 33813

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature not used when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT KOSHY, JACOB REV 5237 MONTERRAT CT. LAKELAND FL 33813 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T PHILIP, REJI 5222 ST LUCIA DRIVE LAKELAND FL 33813 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SAMUEL, MANJADIYIL 4210 SUNNYVIEW DR LAKELAND FL 33813 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SAMSON, ABRAHAM 3155 VALLEY HIGH DR. LAKELAND FL 33812 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T KOSHY, AJY C 5429 HIGHLANDS VISTA CIR. LAKELAND FL 33812 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U00000819310 02/15/08-80076-025 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jacob T. Koshy (JACOB T. KOSHY) Feb-01-08