


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90120 034 ****75.00

DOCUMENT # N03000000242					
1. Entity Name PENTECOSTAL FELLOWSHIP OF CENTRAL FLORIDA INC.					
Principal Place of Business 2866 HOFFMAN DRIVE ORLANDO FL 32837			Mailing Address 2866 HOFFMAN DRIVE ORLANDO FL 32837		
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 76-0725191	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHEW JOHNSON 3725 BROOKMYRA DR ORLANDO FL 32837			7. Name and Address of New Registered Agent Name: KURIAKOSE, ABRAHAM Street Address (P.O. Box Number is Not Acceptable): 2866 HOFFMAN DR. City: ORLANDO, FL 32837		
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: <u>Abraham KuriaKose</u> KURIAKOSE, ABRAHAM DATE: 04/04/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KURIAKOSE, ABRAHAM	NAME	KURIAKOSE, ABRAHAM		
STREET ADDRESS	2866 HOFFMAN DRIVE	STREET ADDRESS	2866 HOFFMAN DR. ORLANDO, FL 32837		
CITY-ST-ZIP	ORLANDO FL 32837	CITY-ST-ZIP	ORLANDO, FL 32837		
TITLE	V <input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KURIAN, PULEEKUNNIL J	NAME	KURIAN, Joseph P.		
STREET ADDRESS	127 HONEY WOOD DR	STREET ADDRESS	5266 WALNUT RIDGE DRIVE		
CITY-ST-ZIP	KISSIMMEE FL 34743	CITY-ST-ZIP	ORLANDO, FL 32829 (407) 384-3361		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	MATHEW SATIMON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATHEW JOHNSON	NAME	MATHEW SATIMON		
STREET ADDRESS	3725 BROOKMYRA DR	STREET ADDRESS	1535A DARADO DRIVE, KISSIMMEE		
CITY-ST-ZIP	ORLANDO FL 32837	CITY-ST-ZIP	FL 34741 (407) 518-1841		
TITLE	T <input type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KURIAN, GIJI	NAME	KURIAN, GIJI		
STREET ADDRESS	127 HONEYWOOD DR	STREET ADDRESS	5266 WALNUT RIDGE DRIVE		
CITY-ST-ZIP	KISSIMMEE FL 34743	CITY-ST-ZIP	ORLANDO, FL 32829 (407) 384-3361		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Abraham KuriaKose</u> KURIAKOSE, ABRAHAM		04/04/05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			