


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90002 008 ****70.00

DOCUMENT # N03000000242					
1. Entity Name BETHEL IPC OF GOD, 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.		07032006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 76-0725191	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KURIAKOSE, ABRAHAM 2866 HOFFMAN DR ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name: SAME AS ABOVE Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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 K. KuriaKose</u> REV: ABRAHAM K. KURIAKOSE (PASTOR) <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME KURIAKOSE, ABRAHAM STREET ADDRESS 2866 HOFFMAN DRIVE CITY - ST - ZIP ORLANDO, FL 32837	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME KURIAN, PULEEKUNNIL J STREET ADDRESS 5266 WALNUT RIDGE DR CITY - ST - ZIP ORLANDO, FL 32829	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME KURIAN, GIJI STREET ADDRESS 5266 WALNUT RIDGE DR CITY - ST - ZIP ORLANDO, FL 32829	<input checked="" type="checkbox"/> Delete		TITLE T NAME SAJIMON GEORGE STREET ADDRESS 2921 ROLLING BROOK DR. CITY - ST - ZIP ORLANDO, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MATHEW, SAJIMON STREET ADDRESS 1535 A DORDO DR CITY - ST - ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE S NAME MATHEW, SAJIMON STREET ADDRESS 318 BLUE BAYOU DR CITY - ST - ZIP KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Abraham K. KuriaKose</u>			8/10/06		409-857-4481
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>