


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90023 024 ****75.00

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 - No P.O. Box # 1238 South John Young Pkwy Suite, Apt. #, etc.		3. Mailing Address 1238 South John Young Pkwy Suite, Apt. #, etc.			
City & State Kissimmee, FL Zip: 34741 Country: U.S.A		City & State Kissimmee, FL Zip: 34741 Country: U.S.A		4. FEI Number 76-0725191	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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: Sajimon Mathew Street Address (P.O. Box Number is Not Acceptable): 318 Blue Bayou Dr City: Kissimmee FL Zip Code: 34743		
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>Sajimon P. Mathew</u> SAJIMON P. MATHEW <u>March 13, 07</u> <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 May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	P KURIAKOSE, ABRAHAM 2866 HOFFMAN DRIVE ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kurian, Puleekunnil J 4622 Ross Lanier Ln Kissimmee, FL 34758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KURIAN, PULEEKUNNIL J 5266 WALNUT RIDGE DR ORLANDO, FL 32829	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thomas, Varughese 10310 Chorlton Circle Orlando, FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAJIMON, GEORGE 2921 ROLLING BROAK DR ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kurian, Giji 10224 chorlton Circle Orlando, FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATHEW, SAJIMON 318 BLUE BAYOU DR KISSIMMEE, FL 34743	<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
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>Sajimon P. Mathew</u>		<u>March 13, 07</u>		<u>407-705-3272</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	