

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90018 008 \*\*\*\*61.25

<b>DOCUMENT # N24635</b> 1. Entity Name <b>INDIA PENTECOSTAL CHURCH OF CENTRAL FLORIDA, INC.</b>			
Principal Place of Business <b>11414 S APOPKA VINELAND RD ORLANDO, FL 32836 US</b>		Mailing Address <b>11414 APOPKA VINELAND RD ORLANDO, FL 32836 US</b>	
2. Principal Place of Business - No P.O. Box # <b>11551 S.R. 535</b> Suite, Apt. #, etc.		3. Mailing Address <b>11551 S.R. 535</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO FLORIDA</b> Zip Country <b>32836 U.S.A</b>		City & State <b>ORLANDO FLORIDA</b> Zip Country <b>32836 U.S.A</b>	
4. FEI Number <b>59-3215285</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MATHEW, KURIAKOSE M 638 JADEWOOD AVE ORLANDO, FL 32825</b>		7. Name and Address of New Registered Agent Name <b>JOSEPH JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>593 Highbrooke Blvd.</b> City <b>OCOE</b> FL Zip Code <b>34761</b>	
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><i>Joseph John</i></u> <b>SECRETARY</b>		DATE <b>2/26/07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DANIEL, JOHN REV DR. 11414 S. APOPKA VINELAND RD ORLANDO, FL 32836</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DANIEL JOHN REV. DR. 11551 S.R. 535 ORLANDO, FL-32836</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GEORGE, MURUPPEL A 1826 BLACK LK BLVD WINTER GARDEN, FL 34787</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JAMES P. ABRAHAM 3017 ELLIS AVE. LAKELAND, FL-33803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>MATHEW, KURIAKOSE M 638 JADEWOOD AVE ORLANDO, FL 32825</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>JOSEPH JOHN 593 Highbrooke Blvd. OCOE, FLORIDA-34761</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>GEORGE, ALEXANDER 10237 NEWINGTON DR ORLANDO, FL 32836</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>THOMAS ALEXANDER 2804 CABERNET CIRCLE OCOE, FLORIDA-34761</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ABRAHAM, VARUGHESE 5543 KINGSMONT DR LAKELAND, FL-33813</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BENNY GEORGE 11321 LEDGEMENT LANE WINDERMERE, FL-34786</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GEORGE, SAM 821 LITTLE HAMPTON LN GOTHA, FL 34734</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>NEBU STEPHEN 769 CASTCADINE CREEK LANE WINTER GARDEN, FL-34787</b> <input checked="" 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><i>Joseph John</i></u> <b>SECRETARY</b>		Date <b>2/26/07</b> (407) 399-2936	

Attachment H0027919  
# N24635

Officers and Directors (continued)

**Officers and Directors**

**Additions/Changes to Officers and Directors**

Title: D Name: Sam Kannamplave Street Address: 13315 Fox Glove Street Winter Garden, Florida - 34787	Title: D Name: Jeffrey Matthews Street Address: 2739 Hoffman Drive Orlando, Florida - 32837 <input checked="" type="checkbox"/> change <input type="checkbox"/> Additions