

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004106 (1)**

1. Corporation Name

FIRST INDIA PENTECOSTAL CHURCH OF ORLANDO, INC.



Principal Place of Business 336 REDROSE CIRCLE ORLANDO FL 32835	Mailing Address 336 REDROSE CIRCLE ORLANDO FL 32835
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3. Date Incorporated or Qualified 09/09/1993	
4. FEI Number 59-3205476	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ABRAHAM, JOY 336 RED ROSE CIRCLE ORLANDO FL 32835	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ABRAHAM, JOY REV.
STREET ADDRESS	336 REDROSE CIRCLE
CITY - ST - ZIP	ORLANDO FL 32835
TITLE	D <input type="checkbox"/> DELETE
NAME	ABRAHAM, SUSY
STREET ADDRESS	336 REDROSE CIRCLE
CITY - ST - ZIP	ORLANDO FL 32835
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, KURIAKOSE P
STREET ADDRESS	336 REDROSE CIRCLE
CITY - ST - ZIP	ORLANDO FL 32835
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, ANN
STREET ADDRESS	7230 GREEN PINE CT.
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	P <input type="checkbox"/> DELETE
NAME	KURIAKOSE, ABRAHAM K., REV.
STREET ADDRESS	5943 B-CASA DEL REY CIR.
CITY - ST - ZIP	ORLANDO FL 32809
TITLE	S/T <input type="checkbox"/> DELETE
NAME	VARUGHESSE, JOSE
STREET ADDRESS	8081 WELLSMERE CIR.
CITY - ST - ZIP	ORLANDO FL 32835

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ABRAHAM JOY** *[Signature]* 4/28/98 (40) 578-2011

CR2E037 (10/97)