


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90024 002 \*\*\*\*61.25

<b>DOCUMENT # N03000005679</b>					
1. Entity Name <b>SAMARIA EVANGELICAL CHURCH OF LAKELAND, INC.</b>					
Principal Place of Business <b>710 MASSACHUSETTS AVE LAKELAND FL 33801</b>			Mailing Address <b>723 CONCORD LANE LAKELAND FL 33809</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>32-0114960</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROMERO, REV DAMIAN 710 MASSACHUSETTS AVE LAKELAND FL 33801</b>				7. Name and Address of New Registered Agent	
				Name <b>Min. Juan Oquendo</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>723 Concord Ln.</b>	
				City <b>Lakeland, Fl.</b> FL Zip Code <b>33809</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 <i>Juan Oquendo</i> <small>(Signature, typed or printed name of registered agent and state if applicable)</small> (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BONILLO, SANTO</b>	NAME	<b>Bonilla, Saulo</b>		
STREET ADDRESS	<b>412 E. 144 ST</b>	STREET ADDRESS	<b>412 E 144th St</b>		
CITY-ST-ZIP	<b>BRONX NY 10454</b>	CITY-ST-ZIP	<b>Bronx, N.Y. 10454</b>		
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>OQUENDO, JUAN</b>	NAME	<b>Juan Oquendo</b>		
STREET ADDRESS	<b>710 MASSACHUSETTS AVE</b>	STREET ADDRESS	<b>723 Concord Ln.</b>		
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	CITY-ST-ZIP	<b>Lakeland, FL 33801</b>		
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MARIN, MARIA</b>	NAME	<b>Maria Marin</b>		
STREET ADDRESS	<b>710 MASSACHUSETTS AVE</b>	STREET ADDRESS	<b>2303 Ivey Ln.</b>		
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	CITY-ST-ZIP	<b>Lakeland, FL 33801</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SANTIAGO, RAFEL</b>	NAME	<b>Santiago Rapael</b>		
STREET ADDRESS	<b>1434 MARIGOLD DR.</b>	STREET ADDRESS	<b>1434 Marigold Dr.</b>		
CITY-ST-ZIP	<b>LAKELAND FL 33811</b>	CITY-ST-ZIP	<b>Lakeland, FL 33801</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Carmen Gauthier</b>		
STREET ADDRESS		STREET ADDRESS	<b>38020 La Wanda Loop</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>Zephyr Hills, FL 33543</b>		
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 exemptions contained in Section 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: <i>Juan Oquendo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1/30/06</b> Daytime Phone # <b>863 853 9495</b>	



ATTACHMENT

40022349  
# N03000005679

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2006

SAMARIA EVANGELICAL CHURCH OF LAKELAND, INC.  
723 CONCORD LANE  
LAKELAND, FL 33809

Subject: SAMARIA EVANGELICAL CHURCH OF LAKELAND, INC.

Reference Number: N03000005679

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION