

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97, \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

97 OCT - 5 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N95000002057 (6)
1. Corporation Name
SAMARIA EVANGELICAL CHURCH, INC.



Principal Place of Business
**1320 W. BRYAN STREET
KISSIMMEE FL 34741**

Mailing Address
**1320 W. BRYAN STREET
KISSIMMEE FL 34741**

Blanca Caraballo
**1214 N Forrest Ave
KISSIMMEE, FL
34741**

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Zip |
| Country | Country |
| 24 | 29 |
| 25 | 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/25/1995 | 3a. Date of Last Report 09/27/1996 |
| 4. FEI Number 59-3322249 | Applied For APPLIED FOR |
| 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 |
| 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
**CARABALLO, DOLORES REV.
1903 REEF WAY#207
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

| | |
|---|--|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | 500002317685--7 |
| 84 City | 10/10/97 01094 008 ****61.25 FL ****61.25 |

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 617.0502, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | PT | <input checked="" type="checkbox"/> DELETE |
| NAME | MELENDEZ, ROBERTO REV. | |
| STREET ADDRESS | 1320 W. BRYAN STREET | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | CARABALLO, DOLORES REV. | |
| STREET ADDRESS | 1320 W. BRYAN STREET | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | |
| TITLE | TT | <input type="checkbox"/> DELETE |
| NAME | CARABALLO, BLANCA MRS | |
| STREET ADDRESS | 1320 W. BRYAN STREET | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | <i>Rev. Roberto Melendez</i> | |
| 1.3 STREET ADDRESS | <i>1320 W. Bryan St.</i> | |
| 1.4 CITY-ST-ZIP | <i>KISSIMMEE, FL 34741</i> | |
| 2.1 TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | <i>Caraballo, Dolores Rev</i> | |
| 2.3 STREET ADDRESS | <i>1214 N Forrest Ave</i> | |
| 2.4 CITY-ST-ZIP | <i>KISSIMMEE, FL 34741</i> | |
| 3.1 TITLE | TT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | <i>Caraballo, Blanca</i> | |
| 3.3 STREET ADDRESS | <i>1214 N Forrest Ave</i> | |
| 3.4 CITY-ST-ZIP | <i>KISSIMMEE, FL 34741</i> | |
| 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 do 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 _____ DATE _____

CR2E037 (4/97)