FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N95000002057 (6)

Rev. Roberto Melen

FILED Apr 24 1998 8:00am Secretary of State

SAMARIA EVANGELICAL CHURCH, INC.									ļ						
Principal Place of Business					Mailing Address						1818f 81)41 88111 88111	i ve ili veili	ABIIA HAII RAIAL	U1111 1001 1001	
1320 W. BRYAN STREET KISSIMMEE FL 34741				BLANCA CARABALLO 1214 N. FORREST AVE. KISSIMMEE FL 34741					3. Date Incorporated or Qualified 04/25/1995						
									4. F	El Number	040			oplied For	
2. Principal Place of Business					2a. Mailing Address					59-3322	249			ot Applicable	
21					26				5 . 0	Certificate of St	tatus Desired		Fee Re	Additional equired	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6 . E	lection Campa	aign Financing		\$5,00			
22				27				T	rust Fund Con	tribution		Added to	Fees		
City & State					City & State				7. 1	7. Is this nonprofit corporation a homeowners association?					
23	Zin Country			Zip Country				Yes No 8. This corporation owes or has paid the current year Intangible							
24	Zip 	Country					Country			•	n owes or has p inly Tax due Jun			iangible No	
24 25 29 30 9, Name and Address of Current Registered Agent											dress of New R				
							81	Name							
CARABALLO, DOLORES REV.						ŀ	82	Street Ac	ddress (P.0) Box Number	r is Not Accepta	able)			
1903 REEF WAY#207								Oli Oct / K							
KISSIMMEE FL 34741															
							84	City				F	85 Zip	Code	
11	l. Pursuant (lo the provis	ions of Sections 617.0502	and 6	17.1508, Florida Statut	e-named co	orporation	submits this st	tatement for the	purpose ept the a	of changing if	ts registered			
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 little 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.															
S	IGNATURE _	Signatura, typed	or printed name of registered agen	and title	If applicable (NO)	i Age	ent signature re	equired when re	sinstating)	-	DATE				
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	VALE						2.2 NAME		Mau	ends:	JUAN 1	Rev			
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	reet adoress Ty-St-Zip							T-ZIP							
17	. I hereby o	certify that th	e information supplied wit	h this f	iling does not qualify I	for the exe	amp	tion stated	in Section	119.07(3)(i), f	lorida Statutes.	I further	certify that the	information	
	indicated officer or	on this annu director of th	ual report or supplemental ne corporation or the recei if changed, or on an attac	annua iver or	l report is true and act trustee empowered to	curate and	d tha	at mv sign:	ature shall	have the same	e legal effect as	it made i	under cath; th	at I am an	