

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002057

1. Entity Name

SAMARIA EVANGELICAL CHURCH, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90010 014 ****61.25

Principal Place of Business

1320 W. BRYAN STREET
 KISSIMMEE FL 34741

Mailing Address

BLANCA CARABALLO
 1214 N. FORREST AVE.
 KISSIMMEE FL 34741-4062

2. Principal Place of Business

3. Mailing Address

Juan Oquendo

Suite, Apt.#, etc.

Suite, Apt.#, etc.

723 Concord Ln.



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

Zip

Country

Lakeland,

33809

FL

4. FEI Number

59-3322249

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARABALLO, DOLORES REV.
 1903 REEF WAY#207
 KISSIMMEE FL 34741

Name Ruben Mendoza

Street Address (P.O. Box Number is Not Acceptable)
 1214 Hughey St.

City Kissimmee

FL

Zip Code 34741

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.

SIGNATURE

Ruben Mendoza

2/6/00

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. P.T. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	MELENDEZ, ROBERTO REV.	
STREET ADDRESS	1320 W. BRYN STREET	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OGUENDO, JUAN REV	
STREET ADDRESS	723 CONCORD LN	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	TT	<input type="checkbox"/> Delete
NAME	MARIN, MARCIA	
STREET ADDRESS	1440 ROSCOE DR	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruben Mendoza .Rev	
STREET ADDRESS	1214 Hughey street	
CITY-ST-ZIP	Kissimmee, Fl. 34741	
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oquendo, Juan .Rev	
STREET ADDRESS	723 Concord Ln	
CITY-ST-ZIP	Lakeland Fl. 33809	
TITLE	ST.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ismael Cirilo	
STREET ADDRESS	5900 Hala brin Rd.	
CITY-ST-ZIP	Haines City, Fl. 33844	
TITLE	T.T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ignacio Rivera	
STREET ADDRESS	600 Old Combee Rd. apt. 223	
CITY-ST-ZIP	Lakeland, Fl. 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Ruben Mendoza

2/6/00

407-343-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)