

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0065741

DOCUMENT # N95000002057

1. Entity Name

SAMARIA EVANGELICAL CHURCH, INC.

03-29-2001 90401 005 ****61.25

Principal Place of Business

Mailing Address

1320 W. BRYAN STREET
 KISSIMMEE FL 34741

OGUENDO JUAN
 723 CONCORD LN
 LAKELAND FL 33809

00029347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3322249

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MENDOZA, RUBEN
 1214 HUGHEY ST
 KISSIMMEE FL 34741

Name **Juan Oquendo**

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

723 Concord Ln.
Lakeland,

City

FL Zip Code **33809**

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 *Juan Oquendo*

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PT	MELENDEZ, ROBERTO REV.	1320 W. BRYN STREET	KISSIMMEE FL 34741	<input checked="" type="checkbox"/>
VP	OGUENDO, JUAN REV	723 CONCORD LN	LAKELAND FL 33809	<input type="checkbox"/>
TT	MARIN, MARCIA	1440 ROSCOE DR	KISSIMMEE FL 34741	<input type="checkbox"/>
PT	MENDOZA, RUBEN REV	1214 HUGHEY ST	KISSIMMEE FL 34741	<input checked="" type="checkbox"/>
ST	CIRILO, ISMAEL	5900 HALABRIN RD	HAINES CITY FL 33844	<input type="checkbox"/>
TT	IGNACIO, RIVERA	600 OLD COMBEE TD APT 223	LAKELAND FL 33809	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PT	Juan Oquendo	723 Concord Ln	Lakeland Fla 33809	<input type="checkbox"/>	<input type="checkbox"/>
VP	Ismael Cirilo	5900 Halabrin Rd	Haines City Fla. 33844	<input type="checkbox"/>	<input type="checkbox"/>
S	Ignacio Rivera	600 Old Combee Rd	Lakeland, Fla 33809	<input type="checkbox"/>	<input type="checkbox"/>
T	Maria Marin	1334 Michell st	lakeland Fla 33809	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Blanca Caraballo	1214 N. Forest Av.	Kissimmee, Fl. 34741	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Brunilda Cirilo	5900 Halabrin Rd	Haines City Fl. 33844	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Juan Oquendo* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)