

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0081617

DOCUMENT # N95000002057

1. Entity Name

SAMARIA EVANGELICAL CHURCH, INC.

04-02-2002 90062 044 ****61.25

Principal Place of Business 1320 W. BRYAN STREET KISSIMMEE FL 34741	Mailing Address OGUENDO JUAN 723 CONCORD LN LAKELAND FL 33809
---	---



DO NOT WRITE IN THIS SPACE

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 59-3322249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OGUENDO, JUAN
723 CONCORD LN
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
---------------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE PT	<input checked="" type="checkbox"/> Delete
NAME OGUENDO, JUAN	
STREET ADDRESS 723 CONCORD LN	
CITY-ST-ZIP LAKELAND FL 33809	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME OGUENDO, JUAN REV	
STREET ADDRESS 723 CONCORD LN	
CITY-ST-ZIP LAKELAND FL 33809	
TITLE TT	<input checked="" type="checkbox"/> Delete
NAME MARIN, MARCIA	
STREET ADDRESS 1440 ROSCOE DR	
CITY-ST-ZIP KISSIMMEE FL 34741	
TITLE T	<input type="checkbox"/> Delete
NAME MARIN, MARIA	
STREET ADDRESS 1334 MITCHELL ST	
CITY-ST-ZIP LAKELAND FL 33809	
TITLE VP	<input type="checkbox"/> Delete
NAME CIRILO, ISMAEL	
STREET ADDRESS 5900 HALABRIN RD	
CITY-ST-ZIP HAINES CITY FL 33844	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME IGNACIO, RIVERA	
STREET ADDRESS 600 OLD COMBEE TD APT 223	
CITY-ST-ZIP LAKELAND FL 33809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Rev. Juan Oquendo	
STREET ADDRESS 723 Concord Ln	
CITY-ST-ZIP Lakeland, FL 33809	
TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Rev. Ismael Cirilo	
STREET ADDRESS 5900 Halabrin Rd	
CITY-ST-ZIP Haines City FL 33844	
TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Rev. Ignacio Rivera	
STREET ADDRESS 600 Old Combee Rd apt 223	
CITY-ST-ZIP Lakeland, FL 33809	
TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Blanca Caraballo	
STREET ADDRESS 1214 Forest St	
CITY-ST-ZIP Kissimmee, FL 34741	
TITLE T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Carmen Sauthier	
STREET ADDRESS 38020 La Wanda Loop	
CITY-ST-ZIP Zephyrhills FL 33541	

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)