


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90115 044 \*\*\*\*61.25

|   |                       |   |   |   |  |
|---|-----------------------|---|---|---|--|
| <b>DOCUMENT # N95000002057</b>  |                       |   |   |  |  |
| 1. Entity Name<br>SAMARIA EVANGELICAL CHURCH, INC.  |                       |   |   |   |  |
| Principal Place of Business<br>1320 W. BRYAN STREET<br>KISSIMMEE, FL 34741  |                       |   | Mailing Address<br>OGUENDO JUAN<br>723 CONCORD LN<br>LAKELAND, FL 33809                   |   |  |
| 2. Principal Place of Business  |                       |   | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                       |   | Suite, Apt. #, etc.   |   |  |
| City & State  |                       |   | City & State  |   |  |
| Zip   |                       | Country   | Zip   |   | Country  |
| 04222004 Chg-NP   |                       |   |   | CR2E037 (10/03)   |  |
| 4. FEI Number<br>59-3322249   |                       |   |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                       |   |   | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |                       |   | 7. Name and Address of New Registered Agent   |   |  |
| OQUENDO, JUAN<br>723 CONCORD LN<br>LAKELAND, FL 33809   |                       |   | Name:<br>Street Address (P.O. Box Number is Not Acceptable):<br>City: <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |                       |   |   |   |  |
| SIGNATURE: <i>Hector J. Rivera</i><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |                       |   |   |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2004   |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees  | Make check payable to<br>Florida Department of State |
| 10. OFFICERS AND DIRECTORS  |                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                     |   |  |
| TITLE   | P                     | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                    |
| NAME  | RIVERA, HECTOR        |   | NAME  |   |  |
| STREET ADDRESS  | 2528 ASCOD CT         |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | KISSIMMEE, FL 34744   |   | CITY-ST-ZIP   |   |  |
| TITLE   | VP                    | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition         |
| NAME  | GIRILO, ISMAEL-REV    |   | NAME  | <i>VP. RIVERA HECTOR</i>  |  |
| STREET ADDRESS  | 5900 HALABRIN ROAD    |   | STREET ADDRESS  | <i>2528 Ascod Ct</i>  |  |
| CITY-ST-ZIP   | HAINES CITY, FL 33844 |   | CITY-ST-ZIP   | <i>Kissimmee, FL 34744</i>  |  |
| TITLE   | T                     | <input checked="" type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change  | <input checked="" type="checkbox"/> Addition         |
| NAME  | OQUENDO, JUAN         |   | NAME  | <i>BENJAMIN GONZALEZ</i>  |  |
| STREET ADDRESS  | 723 CONCORD LN        |   | STREET ADDRESS  | <i>225 Finley</i>   |  |
| CITY-ST-ZIP   | LAKELAND, FL 33809    |   | CITY-ST-ZIP   | <i>Kissimmee, FL 34744</i>  |  |
| TITLE   | T                     | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                    |
| NAME  | MARIN, MARIA          |   | NAME  |   |  |
| STREET ADDRESS  | 1334 MITCHELL ST      |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | LAKELAND, FL 33809    |   | CITY-ST-ZIP   |   |  |
| TITLE   | T                     | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                    |
| NAME  | ORTIZ, SAMUEL         |   | NAME  |   |  |
| STREET ADDRESS  | 804 HOLLY HILL RD     |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | DAVENPORT, FL 33837   |   | CITY-ST-ZIP   |   |  |
| TITLE   | TS                    | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                    |
| NAME  | GAUTHIER, GARMEN      |   | NAME  |   |  |
| STREET ADDRESS  | 38020 LA WANDA LOOP   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | ZEPHYRHILLS, FL 33644 |   | 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: <i>Hector J. Rivera</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |                       |   |   |   |  |