


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 023 ****61.25

DOCUMENT # N95000002057
1. Entity Name
SAMARIA EVANGELICAL CHURCH, INC.



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



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: **Hector J. Rivera
2528 Ascot ct
Kissimmee, FL
34744**
City & State: **Osceola**
Zip: **34744** Country: **Osceola**

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
**RIVERA, HECTOR J
2528 ASCOT CT
KISSIMMEE FL 34744**

4. FEI Number: **59-3322249**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	RIVERA, HECTOR	
STREET ADDRESS	2528 ASCOD CT.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, BENJAMIN	
STREET ADDRESS	225 FINLEY	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	P	<input type="checkbox"/> Delete
NAME	BONILLA, SANTO	
STREET ADDRESS	412 G 144 ST	
CITY-ST-ZIP	BRONX NY 10454	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sodalita Gonzalez	
STREET ADDRESS	225 Finley	
CITY-ST-ZIP	Kissimmee FL 34741	
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 exemptions contained in Section 119, 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: Hector J. Rivera

4-10-06