

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90027 042 ****61.25

DOCUMENT # N99000006325

1. Entity Name

MINISTERIO EVANGELISTICO "LAS SAMARITANAS", INC.

Principal Place of Business

Mailing Address

~~14061-S.W. 38TH TERRACE
 MIAMI FL 33175~~

~~14061 S.W. 38TH TERRACE
 MIAMI FL 33175-6426~~

2. Principal Place of Business

3580 AVE. O NW

3. Mailing Address

3580 AVE O NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 WINTER HAVEN, FL

City & State
 WINTER HAVEN, FL

4. FEI Number
 65-0960292

Applied For
 Not Applicable

Zip
 33881

Country
~~USA~~
 FLORIDA

Zip
 33881

Country
 U.S.A

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

POMARES, ROSALIA
 14061-S.W. 38TH TERRACE
 MIAMI FL 33175

Name
 POMARES, ROSALIA

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

3580 Avenue O NW.

City Winter Haven, FL Zip Code 33881

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

Rosalia Pomares

04/17/00

Signature of registered agent 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 PD
 NAME POMARES, ARMANDO Delete
 STREET ADDRESS ~~14061 S.W. 38TH TERRACE~~
 CITY-ST-ZIP ~~MIAMI FL 33175~~

TITLE PD Pomares Armanddo Change Addition
 NAME
 STREET ADDRESS 3580 Ave. O N.W.
 CITY-ST-ZIP Winter Haven, FL 33881

TITLE SD
 NAME POMARES, ROSALIA Delete
 STREET ADDRESS ~~14061 S.W. 38TH TERRACE~~
 CITY-ST-ZIP ~~MIAMI FL 33175~~

TITLE SD Pomares Rosalia Change Addition
 NAME
 STREET ADDRESS 3580 Ave. O N.W.
 CITY-ST-ZIP Winter Haven, FL 33881

TITLE ~~VPO~~
 NAME ~~ARANA, SAMUEL~~ Delete
 STREET ADDRESS ~~14061 S.W. 38TH TERRACE~~
 CITY-ST-ZIP ~~MIAMI FL 33175~~

TITLE VPO ARANA, SAMUEL Change Addition
 NAME
 STREET ADDRESS 3580 Ave O N.W.
 CITY-ST-ZIP Winter Haven, FL 33881

TITLE ~~TD~~
 NAME ~~TORREGROSA, RITA~~ Delete
 STREET ADDRESS ~~14061 S.W. 38TH TERRACE~~
 CITY-ST-ZIP ~~MIAMI FL 33175~~

TITLE TD Change Addition
 NAME TORREGROSA, GIUSEPPE
 STREET ADDRESS 3580 AVENUE O NW
 CITY-ST-ZIP Winter Haven, FL 33881

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 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:

~~SIGNATURE~~
 ARMANDO POMARES

04/17/00 (863) 965-0266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)