

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

DOCUMENT # N99000006325



1. Entity Name

**MINISTERIO EVANGELISTICO "LAS SAMARITANAS",
INC.**

04-07-2004 90314 001 ****61.25

04-07-2004 90314 002 ****8.75

Principal Place of Business

**3580 AVE 0 NW
WINTER HAVEN FL 33881**

Mailing Address

**3580 AVE 0 NW
WINTER HAVEN FL 33881**

66410245



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0960292

Applied For

Not Applicable

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
3580 AVE 0 NW
WINTER HAVEN FL 33881**

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

Rosalia Pomares

04/03/04

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
Due By May 1, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	POMARES, ARMANDO	
STREET ADDRESS	3580 AVE 0 NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POMARES, ROSALIA	
STREET ADDRESS	3580 AVE 0 NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TARANTINO, MARIA	
STREET ADDRESS	3580 AVE 0 NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TORREGROSA, GUISEPPE	
STREET ADDRESS	3580 AVE 0 NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
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	<i>SD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Pomares, Rosalia</i>	
STREET ADDRESS	<i>3580 AVE 0 NW</i>	
CITY-ST-ZIP	<i>Winter Haven FL 33881</i>	
TITLE	<i>VPD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Debora G. Riveron</i>	
STREET ADDRESS	<i>3580 AVE 0 NW</i>	
CITY-ST-ZIP	<i>Winter Haven FL 33881</i>	
TITLE	<i>TD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Torregrosa, Guiseppe</i>	
STREET ADDRESS	<i>3580 AVE 0 NW</i>	
CITY-ST-ZIP	<i>Winter Haven FL 33881</i>	
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 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:

Armando Pomares PD

04/03/04

(863) 965-0266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #