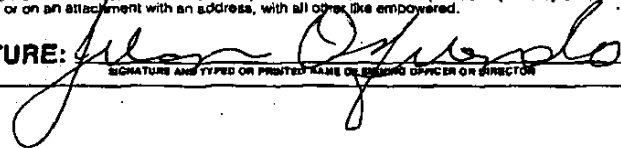


FILED
May 25, 2004 8:00 am
Secretary of State

03-31-2004 90013 005 ****61.25

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N03000005679			
1. Entity Name SAMARIA EVANGELICAL CHURCH OF LAKE LAND, INC.			
Principal Place of Business 710 MASSACHUSETTS AVE LAKE LAND, FL 33801		Mailing Address 710 MASSACHUSETTS AVE LAKE LAND, FL 33801	
2. Principal Place of Business		3. Mailing Address 723 Concord Ln.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lake land	
Zip	Country	Zip 33809	Country PolK
4. FEI Number 32-0114960		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMERO, REV DAMIAN 710 MASSACHUSETTS AVE LAKE LAND, FL 33801		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 _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$81.25 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROMERO, REV DAMIAN	NAME	
STREET ADDRESS	710 MASSACHUSETTS AVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND, FL 33801	CITY-ST-ZIP	
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OQUENDO, JUAN	NAME	
STREET ADDRESS	710 MASSACHUSETTS AVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND, FL 33801	CITY-ST-ZIP	
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARIN, MARIA	NAME	
STREET ADDRESS	710 MASSACHUSETTS AVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND, FL 33801	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 517, 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: 		5/20/04 863-853 9495	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date Daytime Phone #	