

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001360

Entity Name: MINISTERIO INTERNACIONAL EL BUEN SAMARITANO, INC.**Current Principal Place of Business:**12515 SW 7 PL
DAVIE, FL 33325**Current Mailing Address:**PO BOX 551387
FORT LAUDERDALE, FL 33355**FEI Number: 27-4766383****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAVAREZ, JAMES
12515 SW 7 PL
DAVIE, FL 33325 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DCEO
Name	ROSA, ALEJANDRINA
Address	PO BOX 551387
City-State-Zip:	FORT LAUDERDALE FL 33355

Title	DS
Name	FELICIANO, MARCOS
Address	PO BOX 551387
City-State-Zip:	FORT LAUDERDALE FL 33355

Title	D
Name	TAVAREZ, ELIZABETH
Address	PO BOX 551387
City-State-Zip:	FORT LAUDERDALE FL 33355

Title	DP
Name	TAVAREZ, JAMES
Address	PO BOX 551387
City-State-Zip:	FORT LAUDERDALE FL 33355

Title	DT
Name	ROBLES, SAMUEL
Address	PO BOX 551387
City-State-Zip:	FORT LAUDERDALE FL 33355

Title	DIRECTOR OF MINISTRY OPERATIONS DR
Name	TAVAREZ, SAMUEL
Address	PO BOX 551387
City-State-Zip:	DAVIE FL 33355

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES TAVAREZ**PRESIDENT****04/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date