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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747625 (2)
 1. Corporation Name
IGLESIA DE JESUCRISTO EL BUEN SAMARITANO, INC.



Principal Place of Business 10809 NW 7TH AVENUE MIAMI FL 33168 US	Mailing Address % REV. JUAN ALVARADO 1899 N.W. 93RD TER. MIAMI FL 33147
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3. Date Incorporated or Qualified 06/13/1979	4. FEI Number 59-2953500	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALVARADO, JUAN
1899 N.W. 93RD STREET
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ALVARADO, JUAN	1.2 NAME	
STREET ADDRESS	1899 N.W. 93RD TERRACE	1.3 STREET ADDRESS	1899 NW.93rd Terrace
CITY-ST-ZIP	MIAMI FL 33147	1.4 CITY-ST-ZIP	Miami, FL.33147
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V FIGUEROA, JOSE L	2.2 NAME	
STREET ADDRESS	4220 S 66TH STREET	2.3 STREET ADDRESS	4220 South 66 Street
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL.33619
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S OQUENDO, MONICA	3.2 NAME	
STREET ADDRESS	2270 N.W. 93RD TERRACE	3.3 STREET ADDRESS	2270 N.W.93rd Terrace
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	Miami, FL.33147
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D OQUENDO, MARTIN	4.2 NAME	
STREET ADDRESS	2270 N.W. 93RD TER.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FIGUEROA, ANA	5.2 NAME	
STREET ADDRESS	4220 S 66TH STREET	5.3 STREET ADDRESS	4220 South 66 Street
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL.33619
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CONCEPCION, ALVARADO	6.2 NAME	
STREET ADDRESS	1899 NW 93RD TERRACE	6.3 STREET ADDRESS	1899 NW.93rd Terrace
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL.33147

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Juan R. Alvarado** *Juan R. Alvarado* **4-11-98**

CR2E037 (10/97)

DED \$61.25