

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

0040684

DOCUMENT # 747625

1. Entity Name

IGLESIA DE JESUCRISTO EL BUEN SAMARITANO, INC.

02-13-2001 90071 024 ****61.25

Principal Place of Business

Mailing Address

1469 N. MAGNOLIA UNIT D
 Ocala FL 33479
 US

% REV. JUAN ALVARADO
 1899 N.W. 93RD TER.
 MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2953500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEGRON, GUSTAVO
5485 NE 11TH AVE.
OCALA FL 34479

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.

SIGNATURE

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	NEGRON, GUSTAVO	5485 NE 11TH AVE	OCALA FL 34479	<input type="checkbox"/>	<input type="checkbox"/>
S	NEGRON, MARIA	5485 NE 11TH AVE.	OCALA FL 34479	<input type="checkbox"/>	<input type="checkbox"/>
D	ALVARADO, JUAN R	1899 NW 93RD TERRACE	MIAMI FL 33147	<input type="checkbox"/>	<input type="checkbox"/>
D	FIGUEROA, ANA	4220 S 66TH STREET	TAMPA FL	<input type="checkbox"/>	<input type="checkbox"/>
D	CONCEPCION, ALVARADO	1899 NW 93RD TERRACE	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Gustavo Negrón*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gustavo Negrón

2/6/2001 (352)622-9148

Date Daytime Phone #

CR2E037 (10/00)