

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90030 040 ****61.25

0024130

DOCUMENT # 747625

1. Entity Name

IGLESIA DE JESUCRISTO EL BUEN SAMARITANO, INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-2953500

Applied For

Not Applicable

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

Same

Street Address (P.O. Box Number is Not Acceptable)

3380 N.E.49th Ct

City

Silver Spring,

FL

Zip Code
34488

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 Delete
 NAME **PD**
 STREET ADDRESS **NEGRON, GUSTAVO**
 CITY-ST-ZIP **5485 NE 11TH AVE**
OCALA FL 34479

TITLE Change Addition
 NAME **Gustavo Negron**
 STREET ADDRESS **3380 N.E.49 Ct.**
 CITY-ST-ZIP **Silver Spring, Fl. 34488**

TITLE Delete
 NAME **S**
 STREET ADDRESS **NEGRON, MARIA**
 CITY-ST-ZIP **5485 NE 11TH AVE.**
OCALA FL 34479

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **ALVARADO, JUAN R**
 CITY-ST-ZIP **1899 NW 93RD TERRACE**
MIAMI FL 33147

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **FIGUEROA, ANA**
 CITY-ST-ZIP **4220 S 66TH STREET**
TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **CONCEPCION, ALVARADO**
 CITY-ST-ZIP **1899 NW 93RD TERRACE**
MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Gustavo Negron*

Gustavo Negron

3/26/02 (352)622-9148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Duration Space #

CR2E037 (9/01)