


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90218 012 ****70.00

DOCUMENT # 747625 1. Entity Name IGLESIA DE JESUCRISTO EL BUEN SAMARITANO, INC.	
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Principal Place of Business 1469 N. MAGNOLIA UNIT D OCALA FL 33479 US	Mailing Address % REV. JUAN ALVARADO 1899 N.W. 93RD TER. MIAMI FL 33147
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2. Principal Place of Business 1 S.E Mid Way Rd. Suite, Apt. #, etc.	3. Mailing Address 994 N.W.58 Ct. Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State Ocala, Fl.	City & State Ocala, Fl.	4. FEI Number 59-2953500	Applied For <input type="checkbox"/> Not Applicable
Zip 34472	Country	Zip 33482	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**NEGRON, GUSTAVO
3380 NE 49TH CT
SILVER SPRINGS FL 34488**

7. Name and Address of New Registered Agent

Name **José L. Figueroa**
Street Address (P.O. Box Number is Not Acceptable)
4220 S 66th St
City **Tampa** FL Zip Code **33619**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEGRON, GUSTAVO 1011 NW 66TH ST. OCALA FL 34475 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEGRON, MARIA 5485 NE 11TH AVE. OCALA FL 34479 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, JUAN R 1899 NW 93RD TERRACE MIAMI FL 33147 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, ANA <input checked="" type="checkbox"/> Delete 4220 S 66TH STREET TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONCEPCION, ALVARADO 1899 NW 93RD TERRACE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gustavo Negron 994 N.W.58 Ct. Ocala, Fl. 34482 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Maria Negron 994 N.W.58 Ct. Ocala, Fl. 34482 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D José L. Figueroa 4220 S 66th St Tampa Fl 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Noemi Camacho 8760 Tierra Vista Circle # 201 Kissimmee Fl. 34747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **2-25-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #