

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Apr 13, 2007
Secretary of State**

DOCUMENT# 747625

Entity Name: IGLESIA DE JESUCRISTO EL BUEN SAMARITANO, INC.

Current Principal Place of Business:

1 SE MID WAY RD
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

944 NW 58 CT
DELRAY BEACH, FL 33482

New Mailing Address:

FEI Number: 59-2953500 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FIGUEROA, JOSE L
4220 S 66TH ST
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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: JOSE FIGUEROA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEGRON, GUSTAVO
Address: 994 NW 58 CT
City-St-Zip: Ocala, FL 34482

Title: S () Delete
Name: NEGRON, MARIA
Address: 994 NW 58 CT
City-St-Zip: Ocala, FL 34482

Title: D () Delete
Name: ALVARADO, JUAN R
Address: 1899 NW 93RD TERRACE
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: CAMACHO, NOEMI
Address: 8760 TIERRA VISTA CIRCLE, #201
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Delete
Name: CONCEPCION, ALVARADO
Address: 1899 NW 93RD TERRACE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: FIGUEROA, JOSE L
Address: 4220 S 66TH STREET
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NOEMI CAMACHO

S

04/13/2007

Electronic Signature of Signing Officer or Director

Date