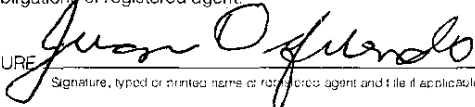


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90045 042 ****70.00

DOCUMENT # N03000005679 1. Entity Name SAMARIA EVANGELICAL CHURCH OF LAKELAND, INC.					
Principal Place of Business 710 MASSACHUSETTS AVE LAKELAND FL 33801			Mailing Address 723 CONCORD LANE LAKELAND FL 33809		
2. Principal Place of Business - No P.O. Box # 704 Massachusetts Ave.		3. Mailing Address Suite, Apt. #, etc. 			
City & State Lakeland FL		City & State 		4. FEI Number 32-0114960	
Zip 33801		Country POIK		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OGUWENDO, MIN JUAN 723 CONCORD LN LAKELAND FL 33809				7. Name and Address of New Registered Agent Name Min. Juan Oquendo Street Address (P.O. Box Number is Not Acceptable) 723 Concord Ln City Lakeland, FL Zip Code 33809	
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 registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PT BONILLA, SAULO 412 E. 144 ST BRONX NY 10454	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP OQUENDO, JUAN 723 CONCORD LN LAKELAND FL 33801	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PT MARIN, MARIA 2303 IVEY LN LAKELAND FL 33801	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D SANTIAGO, RAFAEL 1434 MARIGOLD DR. LAKELAND FL 33811	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S GAUTHIER, CARMEN 38020 LA WANDA LOOP ZEPHYRHILLS FL 33543	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ Date _____ Daytime Phone # _____