# 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 | Mailing Address |
|---|---|
| 710 MASSACHUSSETTS AVE<br>LAKELAND FL 33801 | 723 CONCORD LANE<br>LAKELAND FL 33809 |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 704 Massachussetts Ave. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Lakeland Fl. | City & State |
| Zip: 33801 Country: Pol K | Zip Country |

4. FEI Number: 32-0114960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| OGUWNDO, MIN JUAN<br>723 CONCORD LN<br>LAKELAND FL 33809 | Name: Min. Juan Oquendo<br>Street Address (P.O. Box Number is Not Acceptable): 723 Concord LN<br>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: Juan Oquendo
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**
**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<br>BONILLA, SAULO<br>412 E. 144 ST<br>BRONX NY 10454 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | VP<br>OQUENDO, JUAN<br>723 CONCORD LN<br>LAKELAND FL 33801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DT<br>MARIN, MARIA<br>2303 IVEY LN<br>LAKELAND FL 33801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>SANTIAGO, RAFAEL<br>1434 MARIGOLD DR.<br>LAKELAND FL 33811 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | S<br>GAUTHIER, CARMEN<br>38020 LA WANDA LOOP<br>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:** Juan Oquendo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #