

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90079 001 \*\*\*\*61.25

**DOCUMENT # N03000005680**

1. Entity Name  
**SAMARIA EVANGELICAL CHURCH OF DAVEENPORT, INC.**



Principal Place of Business

**203 BAY ST  
UNIT F  
DAVENPORT, FL 33837**

Mailing Address

**203 BAY ST  
UNIT F  
DAVENPORT, FL 33837**

**20014150**



01052005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3322249**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROMERO, REV DAMIAN  
203 BAY ST  
DAVENPORT, FL 33837**

*delete*

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT	<i>DELETE</i>
NAME	ROMERO, REV DAMIAN	
STREET ADDRESS	203 BAY ST	
CITY-STATE-ZIP	DAVENPORT, FL 33837	
TITLE	DT	<i>DELETE</i>
NAME	CIRILO, ISMAEL	
STREET ADDRESS	203 BAY ST	
CITY-STATE-ZIP	DAVENPORT, FL 33837	
TITLE	DT	
NAME	ORTIZ, SAMUEL	
STREET ADDRESS	203 BAY ST	
CITY-STATE-ZIP	DAVENPORT, FL 33837	
TITLE	PT	<i>CHANGE</i>
NAME	Bonilla Saulo	
STREET ADDRESS	412 E. 144 St.	
CITY-STATE-ZIP	Bronx, N.Y. 10454	
TITLE	DT	<i>CHANGE</i>
NAME	Ismael Cirilo Millan	
STREET ADDRESS	4011 Barbara Ave	
CITY-STATE-ZIP	Hialeah City FL 33837	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Ismael Cirilo Millan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/05*

DATE

DAYTIME PHONE #