2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005680

FILED Sep 06, 2006 Secretary of State

Entity Name: SAMARIA EVANGELICAL CHURCH OF DAVEENPORT, INC.

Current Principal Place of Business: New Principal Place of Business:

203 BAY ST UNIT F

DAVENPORT, FL 33837

Current Mailing Address: New Mailing Address:

203 BAY ST UNIT F

DAVENPORT, FL 33837

FEI Number: 59-3322249 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: Name and Address of New Registered Agent:

ROMERO, REV DAMIAN

203 BAY ST

DAVENPORT, FL 33837

CIRILO-MILLAN, ISMAEL
4011 BARBARA AVE
HAINE CITY, FL 33837

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: ISMAEL CIRILO MILLAN 09/06/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Fitle: DT () Delete Title: PT (X) Change () Addition

 Name:
 ORTIZ, SAMUEL
 Name:
 BONILLA, SAULO

 Address:
 203 BAY ST
 Address:
 412 E. 144 STREET

 City-St-Zip:
 DAVENPORT, FL 33837
 City-St-Zip:
 BRONX, NY 10454

Title: PT (X) Delete Title: () Change () Addition

 Name:
 BONILLA, SAULO
 Name:

 Address:
 412 E. 144 ST
 Address:

 City-St-Zip:
 BRONX, NY 10454
 City-St-Zip:

Title: DT (X) Delete Title: () Change () Addition

 Name:
 CIRILO-MILLAN, ISMAEL
 Name:

 Address:
 4011 BARBARA AVE
 Address:

 City-St-Zip:
 HAINE CITY, FL 33837
 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: ISMAEL CIRILO MILLAN RA 09/06/2006