

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12426 (5)

1. Corporation Name

IGLESIA DEL NAZARENO EL BUEN SAMARITANO, INC.

Principal Place of Business

Mailing Address

25795 SW 137 AVENUE
PRINCETON FL 33032-6726

25795 SW 137 AVENUE
PRINCETON FL 33032-6726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1985

3a. Date of Last Report

06/21/1994

4. FEI Number

59-2839224

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIGUEROA, ROSA
1451 NE 10TH ST
HOMESTAED FL 33030

81 Name

Rosa Figueroa

82 Street Address (P.O. Box Number is Not Acceptable)

83 1451 N.E. 10th ST

84 City

Homestead

FL

85 Zip Code
33030

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Rosa Figueroa

Rosa Figueroa

4/30/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	URGELLES, MELQUIADES
STREET ADDRESS	13500 SW 258 ST.
CITY - ST - ZIP	PRINCETON FL
TITLE	TD
NAME	HOLGUIN, AUREO ROMAN
STREET ADDRESS	25071 SW 124 PL
CITY - ST - ZIP	PRINCETON FL
TITLE	SD
NAME	FIGUEROA, ROSA
STREET ADDRESS	1451 N.E. 10TH ST.
CITY - ST - ZIP	HOMESTEAD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Urgelles, Melquiades	
1.3 STREET ADDRESS	13500 S.W. 258 ST.	
1.4 CITY - ST - ZIP	Princeton, FL 33032	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Holguin, Aureo Roman	
2.3 STREET ADDRESS	25071 S.W. 124 PL	
2.4 CITY - ST - ZIP	Princeton, FL 33032	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Figueroa, Rosa	
3.3 STREET ADDRESS	1451 N.E. 10 ST.	
3.4 CITY - ST - ZIP	Homestead, FL 33030	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pedraza, Andres	
4.3 STREET ADDRESS	15035 S.W. 303 ST.	
4.4 CITY - ST - ZIP	Homestead, FL 33033	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 resolver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE:

Melquiades Urgelles

Melquiades Urgelles

4/30/95

(305)258-0162

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #