

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N12426** (5)
Corporation Name
IGLESIA DEL NAZARENO EL BUEN SAMARITANO, INC.



Principal Place of Business 25795 SW 137 AVENUE PRINCETON FL 33032-6726	Mailing Address 25795 SW 137 AVENUE PRINCETON FL 33032-6726
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 12/09/1985
4. FEI Number 59-2839224
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent FIGUEROA, ROSA 1451 NE 10TH ST HOMESTEAD FL 33030

10. Name and Address of New Registered Agent 81 Name Rosa Figueroa 82 Street Address (P.O. Box Number is Not Acceptable) 1451 N.E. 10 St. 83 84 City Homestead FL 85 Zip Code 33030

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Rosa Figueroa **Rosa Figueroa - Church Board Sec.** 5-11-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	URGELLES, MELQUIADES	1.2 NAME	
STREET ADDRESS	25851 S.W. 133 CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL	1.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	HOLGUIN, AUREO ROMAN	2.2 NAME	Wilmer Urgelles
STREET ADDRESS	25071 SW 124 PL	2.3 STREET ADDRESS	15104 S.W. 298 Terr.
CITY-ST-ZIP	PRINCETON FL	2.4 CITY-ST-ZIP	Leisure City, FL 33033
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FIGUEROA, ROSA	3.2 NAME	
STREET ADDRESS	1451 N.E. 10TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	URGELLES, MELOUIS	4.2 NAME	
STREET ADDRESS	25840 S.W. 134 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	Tr Aureo Roman Holguin
STREET ADDRESS		5.3 STREET ADDRESS	25071 S.W. 124 PL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Princeton, FL 33032
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	Tr Manuel Sagot
STREET ADDRESS		6.3 STREET ADDRESS	19623 S.W. 87 Ct.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33157

14. 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Melquiades Urgelles 5-1-98 (305)258-0162

CR2E037 (10/97)