

0-017-\$70.00-\$70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90003 017 ****70.00

DOCUMENT #

1. Corporation Name

N/2426

Name changed!

Iglesia Cristiana "El Buen Samaritano", Inc.

Principal Place of Business

Mailing Address

25795 S.W. 137 Ave.
Princeton, FL 33032

25795 S.W. 137 Ave.
Princeton, FL 33032

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/09/85	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2839224	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
☒					
6. Election Campaign Financing				5.00 May Be Added to Fees	
☐					

9. Name and Address of Current Registered Agent

Figueroa, Rosa
1451 N.E. 10 St.
Homestead, FL 33030

10. Name and Address of New Registered Agent

81 Name
Figueroa, Rosa
82 Street Address (P.O. Box Number is Not Acceptable)
1451 N.E. 10 St.
83
84 City
Homestead
85 Zip Code
FL 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*
Signature, typed or printed name of registered agent and title if applicable

Rosa Figueroa
(NOTE: Registered Agent signature required when reinstating)

08/14/99

DATE

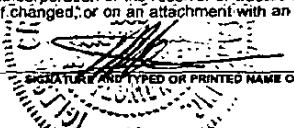
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	Urgelles, Melquiades	1.2 NAME	
STREET ADDRESS	25851 S.W. 133 Ct.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Princeton, FL 33032	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	Urgelles, Wilmer	2.2 NAME	
STREET ADDRESS	15104 S.W. 298 Terr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Leisure City, FL 33033	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	Figueroa, Rosa	3.2 NAME	
STREET ADDRESS	1451 N.E. 10 St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33030	3.4 CITY-ST-ZIP	
TITLE	TR	4.1 TITLE	☐ Change ☐ Addition
NAME	Holguin, Aureo Roman	4.2 NAME	
STREET ADDRESS	25071 S.W. 124 PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	Princeton, FL 33032	4.4 CITY-ST-ZIP	
TITLE	TR	5.1 TITLE	☐ Change ☒ Addition
NAME	Sagot, Manuel	5.2 NAME	
STREET ADDRESS	19623 S.W. 87 Ct.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33157	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	Urgelles, Melquis	6.2 NAME	
STREET ADDRESS	25851 S.W. 133 Ct.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Princeton, FL 33032	6.4 CITY-ST-ZIP	
TITLE	Trustee	7.1 TITLE	☐ Change ☒ Addition
NAME	Perez, Cesar	7.2 NAME	
STREET ADDRESS	25915 S.W. 123 Ave.	7.3 STREET ADDRESS	
CITY-ST-ZIP	Princeton, FL 33032	7.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Melquiades Urgelles

8/14/99



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)