

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12426

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** IGLESIA CRISTIANA EL BUEN SAMARITANO, INC.

**Current Principal Place of Business:**

25795 SW 137 AVENUE  
PRINCETON, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

25795 SW 137 AVENUE  
PRINCETON, FL 33032

**New Mailing Address:**

**FEI Number:** 59-2839224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FIGUEROA, ROSA  
1451 NE 10TH STREET  
HOMESTEAD, FL 33033      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: URGELLES, MELQUIADES PD  
Address: 25851 S.W. 133 CT.  
City-St-Zip: PRINCETON, FL 33032 US

Title: VD      ( ) Delete  
Name: HOLGUIN, AUREO VD  
Address: 25071 S.W. 124 PL  
City-St-Zip: PRINCETON, FL 33032 US

Title: SD      ( ) Delete  
Name: FIGUEROA, ROSA M SD  
Address: 1451 N.E. 10TH ST.  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D      ( ) Delete  
Name: DE JESUS, JUAN J D  
Address: 18700 S.W. 294 TERR.  
City-St-Zip: PRINCETON, FL 33032 US

Title: D      ( ) Delete  
Name: ARNAL, FRANCISCA D  
Address: 13340 SW 257TH TERRACE  
City-St-Zip: PRINCETON, FL 33032 US

Title: TD      ( ) Delete  
Name: URGELLES, MELQUIS TD  
Address: 20254 SW 131 COURT  
City-St-Zip: PRINCETON, FL 33032 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: MELQUIADES URGELLES

PD

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date