2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12426

FILED Apr 30, 2009 Secretary of State

Entity Name: IGLESIA CRISTIANA EL BUEN SAMARITANO, INC.

Current Principal Place of Business: New Principal Place of Business: 25795 SW 137 AVENUE PRINCETON, FL 33032 **Current Mailing Address: New Mailing Address:** 25795 SW 137 AVENUE PRINCETON, FL 33032 FEI Number: 59-2839224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FIGUEROA, ROSA 1451 NE 10TH STREET HOMESTEAD, FL 33033 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition URGELLES, MELQUIADES PD Name: Name: 25851 S.W. 133 CT. Address: Address: PRINCETON, FL 33032 US City-St-Zip: City-St-Zip: Title: VD () Delete Title: () Change () Addition HOLGUIN, AUREO VD Name: Name: Address: 25071 S.W. 124 PL Address: City-St-Zip: PRINCETON, FL 33032 US City-St-Zip: Title: () Delete Title: () Change () Addition FIGUEROA, ROSA M SD Name: Name: Address: 1451 N.E. 10TH ST. Address: City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: Title: () Delete Title: () Change () Addition DE JESUS, JUAN J D Name: Name: Address: 18700 S.W. 294 TERR. Address: City-St-Zip: PRINCETON, FL 33032 US City-St-Zip: Title: () Delete Title: (X) Change () Addition ARNAL, FRANCISCA D GOMEZ, JUAN D Name: Name: 13340 SW 257TH TERRACE 13500 S.W. 258 ST. Address: Address: City-St-Zip: PRINCETON, FL 33032 US City-St-Zip: PRINCETON, FL 33032 US Title: () Delete Title: () Change () Addition URGELLES, MELQUIS TD Name: Name: Address: 20254 SW 131 COURT Address: PRINCETON, FL 33032 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 04/30/2009