


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90104 042 ****70.00

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|--|--------------------------|--|--|--|--|
| DOCUMENT # N96000004790 1. Entity Name THE GOOD SAMARITAN CHRISTIAN TEMPLE OF THE ASSEMBLIES OF GOD, INC. | | | |  | |
| Principal Place of Business 2220 HUNTER ST FT MYERS, FL 33901 | | | Mailing Address P.O. BOX 50461 FORT MYERS, FL 33994-0461 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0745602 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SUAREZ, ISRAEL REV 1745 EMERALD COVE CIR CAPE CORAL, FL 33991 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SUAREZ, ISRAEL REV | | NAME | | |
| STREET ADDRESS | 1745 EMERALD COVE CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE CORAL, FL 33991 | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LOPEZ, DEBRA ANN | | NAME | <i>Secretary Gladys Zamora</i> | |
| STREET ADDRESS | 12383 FIRST STREET APT#C | | STREET ADDRESS | <i>91532-19th Ave Cape Coral, FL 33990</i> | |
| CITY-ST-ZIP | FORT MYERS, FL 33905 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SANTIAGO, ANGEL L | | NAME | | |
| STREET ADDRESS | 3818 S.W. 7TH PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 | | CITY-ST-ZIP | | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VARGAS, ALBERTO | | NAME | | |
| STREET ADDRESS | 2307 HOOPLE ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS, FL 33901 | | CITY-ST-ZIP | | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VAZQUEZ, LEONARDO | | NAME | <i>D.T. Geovani Reyes</i> | |
| STREET ADDRESS | 7133 ALMENDRO TERR #P3 | | STREET ADDRESS | <i>1004 SE 25 Terrace</i> | |
| CITY-ST-ZIP | FORT MYERS, FL 33907 | | CITY-ST-ZIP | <i>Cape Coral, FL 33904</i> | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VASQUEZ, WILLIAM | | NAME | | |
| STREET ADDRESS | 615 S.E. 26TH TERR | | STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <i>1/18/06</i> <small>Date</small> | | |