| OCALA, FL 34   | AD<br>1472   |                                   |   |            |
|--|--|-----------------------------------|---|------------|
| Current Mai  | ling Address:  |                                   |   |            |
| PO BOX 830   | 0553   |                                   |   |            |
| OCALA, FL  | 34483 US   |                                   |   |            |
| FEI Number: 59-2953500   |  | Certificate of Status Desired: No |   |            |
| Name and Address of Current Registered Agent:                        |  |                                   |   |            |
| HERNANDEZ,<br>23 PINE COUR<br>OCALA, FL 34                           | SE   |                                   |   |            |
| The above name   | d entity submits this statement for the purpose of changing its reg  | istered office or regis           | tered agent, or both, in the State of Fl  | orida.     |
| SIGNATURE: JOSE A HERNANDEZ  |  |                                   |   | 00/40/0040 |
| SIGNATURI  | E: JUSE A HERNANDEZ  |                                   |   | 02/13/2019 |
| SIGNATURI  | Electronic Signature of Registered Agent   |                                   |   | Date       |
| Officer/Dire   | Electronic Signature of Registered Agent   |                                   |   |            |
|  | Electronic Signature of Registered Agent   | Title                             | SECRETARY/TREASURER                       |            |
| Officer/Dire   | Electronic Signature of Registered Agent   | Title<br>Name                     | SECRETARY/TREASURER<br>HERNANDEZ, ABIGAIL |            |
| Officer/Dire   | Electronic Signature of Registered Agent ctor Detail : PASTOR  |                                   |   |            |
| <b>Officer/Dire</b><br>Title<br>Name                                 | Electronic Signature of Registered Agent<br><b>ctor Detail :</b><br>PASTOR<br>HERNANDEZ, JOSE A<br>23 PINE COURSE                      | Name                              | HERNANDEZ, ABIGAIL<br>23 PINE COURSE      |            |
| <b>Officer/Dire</b><br>Title<br>Name<br>Address                      | Electronic Signature of Registered Agent<br><b>ctor Detail :</b><br>PASTOR<br>HERNANDEZ, JOSE A<br>23 PINE COURSE                      | Name<br>Address                   | HERNANDEZ, ABIGAIL<br>23 PINE COURSE      |            |
| Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:          | Electronic Signature of Registered Agent<br>ctor Detail :<br>PASTOR<br>HERNANDEZ, JOSE A<br>23 PINE COURSE<br>OCALA FL 34472           | Name<br>Address                   | HERNANDEZ, ABIGAIL<br>23 PINE COURSE      |            |
| Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title | Electronic Signature of Registered Agent<br>ctor Detail :<br>PASTOR<br>HERNANDEZ, JOSE A<br>23 PINE COURSE<br>OCALA FL 34472<br>DEACON | Name<br>Address                   | HERNANDEZ, ABIGAIL<br>23 PINE COURSE      |            |

I hereby 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 all other like empowered.

SIGNATURE: JOSE A HERNANDEZ

Electronic Signature of Signing Officer/Director Detail

02/13/2019

Date

PASTOR

## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 747625**

Entity Name: IGLESIA DE JESUCRISTO EL BUEN SAMARITANO, INC.

## **Current Principal Place of Business:**

1 MIDWAY ROAD