


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000003983		
1. Entity Name ASSOCIACAO EVANGELICA DE ACAMPAMENTOS, CORPORATION		
Principal Place of Business RUA PROF. LIDIA DE SA GUIMARAES 180-QD. 14, LT. 33 ANAPOLIS GO 75075-650 BRAZIL, OC	Mailing Address RUA PROF. LIDIA DE SA GUIMARAES 180-QD. 14, LT. 33 ANAPOLIS GO 75075-650 BRAZIL, OC	



04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIRENA, GLADYS
 5465 NW 36TH STREET
 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000907780
 05/06/08-80001-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KREBSKY, ESDRAS O RUA ONZE, QD. 17A, LT. B-VILA GOIS ANAPOLIS GO 75120-330 BRAZIL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLINS, ALAN C CAIXA POSTAL 1947 ANAPOLIS-GO 75040-970 BRAZIL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUDER, DIRLEI A RUA PROF. MARIA ALVES CASTILHO 540-BAIRRO UBERLANDIA MG 38408-260 BRAZ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUY DE FREITAS PAULA RUA AMERICO VESPUCCI, 484-VILA PRUDENTE SAO PAULO, SP 03135-010 BRAZ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELIZABETH ZUH SILVA AV. JOAO DEL PAPA 138-AP.14 BLV. 25-JD PIRATININGA OSASCO, SP 06236,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHNEIDER, ADILSON CAIXA POSTAL 90 COTIA SP 06717-970 BRAZIL,

DO NOT WRITE IN THIS SPACE

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:  = **ESDRAS O. KREBSKY** **APRIL 30, 2008** **55 (62) 3318-2059**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #