

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 04 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005176 (0)**  
 1. Corporation Name  
**IGREJA PRESBITERIANA DE BOSTON INC.**



Principal Place of Business 1234 S. MILITARY TRAIL #1811 DEERFIELD BEACH FL 33442	Mailing Address 1234 S. MILITARY TRAIL #1811 DEERFIELD BEACH FL 33442
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/07/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>Community Presbyterian Church</b> Suite, Apt. #, etc. 22 <b>1920 SE 4th St.</b> City & State 23 <b>Deerfield Beach FL</b> Zip 24 <b>33441</b>	2a. Mailing Address 26 <b>8177-C Severn Dr.</b> Suite, Apt. #, etc. 27 <b>Boca Raton FL</b> City & State 28 Zip 29 <b>33433</b>	Country 30 <b>Palm Beach</b>
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4. FEI Number <b>04-3076131</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BEZERRA, DIOGENES**  
 1234 S. MILITARY TRAIL #1811  
 DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name <b>Bezerra, Diogenes</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8177-C Severn Dr.</b>
83
84 City <b>Boca Raton</b>
85 State <b>FL</b>
86 Zip Code <b>33433</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>BEZERRA, DIOGENES</b>	
STREET ADDRESS <b>1234 S. MILITARY TRAIL #1811</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>BEZERRA, DAVID P</b>	
STREET ADDRESS <b>1234 S. MILITARY TRAIL #1811</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>FREITAS, MARIA J</b>	
STREET ADDRESS <b>2035-E LINTON LAKES DRIVE</b>	
CITY-ST-ZIP <b>DELRAY FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>SANTOS, AUCINEIA C</b>	
STREET ADDRESS <b>3370 BEAU RIVAGE DRIVE H2</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>8177-C Severn Dr.</b>	
1.4 CITY-ST-ZIP <b>Boca Raton FL 33433</b>	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS <b>8177-C Severn Dr.</b>	
2.4 CITY-ST-ZIP <b>Boca Raton FL 33433</b>	
3.1 TITLE <b>Tr</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Marcus Reis</b>	
5.3 STREET ADDRESS <b>1755 A Linton Lake Dr.</b>	
5.4 CITY-ST-ZIP <b>DeLray Beach FL 33444</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (4/97)