

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005176 (0)**

**IGREJA PRESBITERIANA DE BOSTON INC.**



Principal Place of Business <b>COMMUNITY PRESBYTERIAN CHURCH 1920 SE 4TH ST DEERFIELD BEACH FL 33441 US</b>		Mailing Address <b>8177-C SEVERN DR BOCA RATON FL 33433 US</b>		3. Date Incorporated or Qualified <b>10/07/1996</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>04-3076131</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		29 Country		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 <b>BEZERRA, DIOGENES 8177-C SEVERN DR BOCA RATON FL 33433</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number Is Not Acceptable)					
83					
84 City				<b>FL</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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEZERRA, DIOGENES</b>	1.2 NAME	
STREET ADDRESS	<b>8177-C SEVERN DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEZERRA, DAVID P</b>	2.2 NAME	
STREET ADDRESS	<b>8177-C SEVERN DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREITAS, MARIA J</b>	3.2 NAME	
STREET ADDRESS	<b>2035-E LINTON LAKES DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANTOS, AUCINEIA C</b>	4.2 NAME	<b>VANIA EUGENIO</b>
STREET ADDRESS	<b>3370 BEAU RIVAGE DRIVE H2</b>	4.3 STREET ADDRESS	<b>475 SOUTH FEDERAL HWY # 602</b>
CITY-ST-ZIP	<b>POMPAHO BEACH FL</b>	4.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REIS, MARCUS</b>	5.2 NAME	
STREET ADDRESS	<b>1755 A LINTON LAKE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>T</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>LUCIVANIA BARROS</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>380 W PALMETTO PK RD. # B410 BOCA RATON, FL</b>

14. I 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: Diogenes Bezerra 1/14/98 (561) 883-0181

CP2E037 (10/97)