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**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

0043946

05-19-1999 90029 099 \*\*\*\*\*8.75  
 05-19-1999 90029 100 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005176

1. Corporation Name

IGREJA PRESBITERIANA DE BOSTON INC.

Principal Place of Business

COMMUNITY PRESBYTERIAN CHURCH  
 1920 SE 4TH ST  
 DEERFIELD BEACH FL 33441  
 US

Mailing Address

8177-C SEVERN DR  
 BOCA RATON FL 33433  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 1920 SE 4th ST

27 Suite, Apt. #, etc.

28 City & State

DEERFIELD BEACH FL

29 Zip Country

33441

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

04-3076131

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BEZERRA, DIOGENES  
 8177-C SEVERN DR  
 BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name DAVID P. BEZERRA  
 82 Street Address (P.O. Box Number is Not Acceptable) 5650 PACIFIC BLVD # 1104  
 83  
 84 City BOCA RATON FL 85 Zip Code 33433

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 David P. Bezerra - SENIOR PASTOR DATE 4/27/1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEZERRA, DIOGENES	
STREET ADDRESS	8177-C SEVERN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEZERRA, DAVID P	
STREET ADDRESS	8177-C SEVERN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREITAS, MARIA J	
STREET ADDRESS	2035-E LINTON LAKES DRIVE	
CITY-ST-ZIP	DELRAY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VANIA EUGENIO	
STREET ADDRESS	475 S FEDERAL HWY #602	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	T	<input type="checkbox"/> DELETE
NAME	REIS, MARCUS	
STREET ADDRESS	1755 A LINTON LAKE DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LUCIVANIA BARROS	
STREET ADDRESS	300 W PALMETTO PK RD #B410	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID POGS BEZERRA	
1.3 STREET ADDRESS	5650 PACIFIC BLVD #1104	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIOGENES DON. BEZERRA	
2.3 STREET ADDRESS	5650 PACIFIC BLVD #1104	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CESAR RODRIGUES SONSBCA	
3.3 STREET ADDRESS	1870 N.E. 48th ST. #151	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LUCIVANIA BARROS	
6.3 STREET ADDRESS	888 SIESTA KEY DR #124	
6.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	

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, with all other like empowered.

SIGNATURE: DAVID P. BEZERRA PRESIDENT DATE 4/27/99 (954) 421-7366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)