

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 12, 2003 8:00 am
Secretary of State

05-05-2003 90213 034 ****61.25

DOCUMENT # N02000002146



1. Entity Name
BEHOLD THE POWER OF GOD CHRISTIAN MINISTRY, INC.

Principal Place of Business
**1607 QUAIL DR. APT C-205
W PALM BEACH FL 33409**

Mailing Address
**1607 QUAIL DR. APT C-205
W PALM BEACH FL 33409**

55047911



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
04-3623763

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NOGUEIRA, SANDRA
1607 QUAIL DR, APT C-205
W PALM BEACH FL 33409**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *[Signature]*
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	NOGUEIRA, SANDRA	
STREET ADDRESS	1607 QUAIL DR, APT C-205	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	CARVALHO, MARCIO	
STREET ADDRESS	4161 NW 8	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	CARVALHO, VERA	
STREET ADDRESS	4161 NW 8	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	FLAUSINO, ELIANA GOMES S	
STREET ADDRESS	1607 QUAIL DR, APT C-205	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERESA ZELUTINI	
STREET ADDRESS	62 MAYFLOWER AVE #1 FLOOR	
CITY-ST-ZIP	NEW ROCHELLE NY 10801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/1/03** Daytime Phone #: **(561) 682-9141**

CR2E037 (10/02)