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Mar 23 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 # N40340 (4)**  
1. Corporation Name  
**IGREJA EVANGELICA BRASILEIRA (BRAZILIAN EVANGELICAL CHURCH), CORPORATION**

Principal Place of Business  
**3832 WEST BROWARD BLVD  
PLANTATION FL 33372  
US**

Mailing Address  
**660 NORTH 73RD AVENUE  
HOLLYWOOD FL 33024  
US**

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

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**10/09/1990**

4. FEI Number  
**65-0231376**

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**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRAAO DE ALMEIDA  
660 N. 73RD AVE  
HOLLYWOOD FL 33021**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ABRAAO DE ALMEIDA	1.2 NAME	
STREET ADDRESS	660 N. 73RD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	TD
NAME	PINEHEIRO ELAISE	2.2 NAME	LEITE DAILZA
STREET ADDRESS	4143 S PINE ISLAND RD	2.3 STREET ADDRESS	6848 PALMETTO CIRCLE S. #1215
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	VD	3.1 TITLE	TD
NAME	DA CRUZ, GILBERTO	3.2 NAME	ELIEL PINHEIRO
STREET ADDRESS	2850 NW 55TH AVE 2B	3.3 STREET ADDRESS	4143 S PINE ISLAND RD
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	DAVIE FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 27, 1998 (259) 985-0632

CR2E037 (10/97)