


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90279 009 \*\*\*\*\*8.75  
05-06-2004 90183 022 \*\*\*\*\*52.50

<b>DOCUMENT # N40340</b>			
1. Entity Name <b>IGREJA EVANGELICA BRASILEIRA (BRAZILIAN EVANGELICAL CHURCH), CORPORATION</b>			
Principal Place of Business <b>4001 NW 63RD ST COCONUT CREEK FL 33073 US</b>		Mailing Address <b>10850 PALM RIDGE LANE FORT LAUDERDALE FL 33321 US</b>	
2. Principal Place of Business		3. Mailing Address <b>10850 Palm Ridge Ln</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>TAMARAC, FL</b>	
Zip	Country	Zip	Country
		<b>33321-9211</b>	<b>BROWARD</b>
4. FEI Number <b>65-0231376</b>		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>ABRAAO DE ALMEIDA</b>		Name <b>ABRAAO DE ALMEIDA</b>	
Street Address <b>660 N. 73RD AVE HOLLYWOOD FL 33021</b>		Street Address (P.O. Box Number is Not Acceptable) <b>10850 PALM RIDGE LANE</b>	
City <b>TAMARAC</b>		City <b>TAMARAC</b>	
State <b>FL</b>		State <b>FL</b>	
Zip Code <b>33321-9211</b>		Zip Code <b>33321-9211</b>	
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 <b>ABRAAO DE ALMEIDA, PASTOR</b>		DATE <b>March 9, 2004</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAAO DE ALMEDIA 10850 PALM RIDGE LANE FORT LAUDERDALE FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINHEIRO, ELIEL 10541 NW 56 PLACE CORAL SPRINGS FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAES, CARLA 3870 LYONS RD 102 POMPANO BEACH FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, 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 of the like empowered.			
SIGNATURE: <b>ABRAAO DE ALMEIDA</b>		Date <b>April 7, 2004</b> (954) 724-5347	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Office Phone #	