

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90048 017 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N94000005530**

1. Corporation Name

**PRIMEIRA IGREJA ASSEMBLEIA DE DEUS BRASILEIRA, I  
 NC.**

Principal Place of Business

300 NW 35TH STREET  
 BOCA RATON FL 33431

Mailing Address

300 NW 35TH STREET  
 BOCA RATON FL 33431

126085 90048 17



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/07/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0582830	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RODRIGUES DE SOUZA, ROBERTO 1300 N. W. 4TH AVENUE BOCA RATON FL 33432				81 Name			
				RODRIGUES DE SOUZA, ROBERTO			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				300 NW 35th Street			
				83			
				84 City		85 Zip Code	
				BOCA RATON		FL 33431	

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 ROBERTO RODRIGUES DE SOUZA PRESIDENT Rob Rodrigues 01/27/99  
 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 <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUES DE SOUZA, ROBERTO	1.2 NAME	RODRIGUES DE SOUZA, ROBERTO
STREET ADDRESS	300 NW 35TH ST.	1.3 STREET ADDRESS	9300 JAYWOOD TERRACE # J-115
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	BOCA RATON - FL 33431
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, CHARLES TADEU	2.2 NAME	
STREET ADDRESS	300 NW 35TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APOLINARIO, GIL ANTONIO	3.2 NAME	
STREET ADDRESS	300 NW 35TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, JAFE GOMES	4.2 NAME	SANTOS, JAFE GOMES
STREET ADDRESS	300 NW 35TH ST.	4.3 STREET ADDRESS	300 NW 35th Street
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MOYSES DE ANDRADE MACHADO
STREET ADDRESS		5.3 STREET ADDRESS	3801 N.W. 11th STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	COCONUT CREEK FL 33066
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	WANI MARIA PEREIRA
STREET ADDRESS		6.3 STREET ADDRESS	3801 NW 11th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	COCONUT CREEK FL 33066

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: Rob Rodrigues **SIGNATURE REQUIRED** 01/26/99 (861) 3682100  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)