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Feb 27, 1999 8:00 am  
Secretary of State

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/07/1994

4. FEI Number

65-0582830

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

RODRIGUES DE SOUZA, ROBERTO  
1300 N. W. 4TH AVENUE  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name **RODRIGUES DE SOUZA, ROBERTO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**300 NW 35th Street**  
83  
84 City **BOCA RATON** **FL** 85 Zip Code **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** **Robt 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODRIGUES DE SOUZA, ROBERTO	
STREET ADDRESS	300 NW 35TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SILVER, CHARLES TADEU	
STREET ADDRESS	300 NW 35TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	APOLINARIO, GIL ANTONIO	
STREET ADDRESS	300 NW 35TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANTOS, JAFE GOMES	
STREET ADDRESS	300 NW 35TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RODRIGUES DE SOUZA, ROBERTO	
1.3 STREET ADDRESS	9300 JAYWOOD TERRACE # J-115	
1.4 CITY-ST-ZIP	BOCA RATON - FL 33431	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SANTOS, JAFE GOMES	
4.3 STREET ADDRESS	300 NW 35TH STREET	
4.4 CITY-ST-ZIP	BOCA RATON FL 33431	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MOYSES DE ANDRADE MACHADO	
5.3 STREET ADDRESS	3801 NW 11th STREET	
5.4 CITY-ST-ZIP	COCONUT CREEK FL 33066	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WANI MARIA PEREIRA	
6.3 STREET ADDRESS	3801 NW 11th STREET	
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: **K**

**SIGNATURE REQUIRED**

01/26/99 (861) 3682100  
Date Daytime Phone #

CR2E037 (11/98)