

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009081

Entity Name: CASA DE ORACAO TODOS OS POVOS, INC.**Current Principal Place of Business:**7255 SALISBURY ROAD
SUITE 5
JACKSONVILLE, FL 32256**Current Mailing Address:**8859 OLD KINGS ROAD SOUTH
APT 201
JACKSONVILLE, FL 32257 US**FEI Number:** 20-3694535**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MULLER, LUIZ C
8859 OLD KINGS ROAD SOUTH
APT 201
JACKSONVILLE, FL 32257 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MULLER, LUIZ C
Address	8859 OLD KINGS ROAD SOUTH APT 201
City-State-Zip:	JACKSONVILLE FL 32257

Title	DT1
Name	SILVA, MARCOS V
Address	8189 TRAFALGAR SQ
City-State-Zip:	JACKSONVILLE FL 32217

Title	DS2
Name	AMORIM, NEYLA M
Address	8227 LOBSTER BAY CT APT 308
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	MULLER , TERESINHA D
Address	8859 OLD KINGS ROAD SOUTH APT 201
City-State-Zip:	JACKSONVILLE FL 32257

Title	DS1
Name	MULLER, NYVIA R
Address	8189 TRAFALGAR SQ
City-State-Zip:	JACKSONVILLE FL 32217

Title	DT2
Name	AMORIM, OTAVIO
Address	8227 LOBSTER BAY CT APT 308
City-State-Zip:	JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MULLER , LUIZ C

P

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date