

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000004671

**Entity Name:** NOSSA SENHORA DO MONTE FUNDRAISING CHARITY FOUNDATION INC.

**FILED**  
**Jan 30, 2024**  
**Secretary of State**  
**3059407553CC**

**Current Principal Place of Business:**

750 CEDAR COVE RD  
WELLINGTON, FL 33414

**Current Mailing Address:**

750 CEDAR COVE RD  
WELLINGTON, FL 33414

**FEI Number: 88-2005052**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 BALLA, ORLANDO  
Address 750 CEDAR COVE RD  
City-State-Zip: WELLINGTON FL 33414

Title T  
Name EMANUEL ORLANDO BURGO  
Address 750 CEDAR COVE RD  
City-State-Zip: WELLINGTON FL 33414

Title S  
Name LIMA, BERNARDINO  
Address 750 CEDAR COVE RD  
City-State-Zip: WELLINGTON FL 33414

Title PA  
Name FORTES, MANUEL  
Address 750 CEDAR COVE RD  
City-State-Zip: WELLINGTON FL 33414

Title PA  
Name SOARES, BARTOLOMEU  
Address 750 CEDAR COVE RD  
City-State-Zip: WELLINGTON FL 33414

*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: ORLANDO BALLA**

**PRESIDENT**

**01/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date