

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40340

Entity Name: EVANGELICAL BRASILEIRA ASSEMBLY OF GOD CORP**Current Principal Place of Business:**2240 PALM BEACH LAKES BLVD
225
WEST PALM BEACH, FL 33409**Current Mailing Address:**2240 PALM BEACH LAKES BLVD
225
WEST PALM BEACH, FL 33409 US**FEI Number:** 65-0231376**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DE ALMEIDA CRUZ, THIAGO
616 CLEARWATER PARK RD
302
WEST PALM BEACH, FL 33401 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:** THIAGO DE ALMEIDA CRUZ

03/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, PASTOR
Name CRUZ, ALVARO B
Address 2240 PALM BEACH LAKES BLVD
225
City-State-Zip: WEST PALM BEACH FL 33409

Title VP, PASTOR
Name CRUZ, ELAINE
Address 2240 PALM BEACH LAKES BLVD
225
City-State-Zip: WEST PALM BEACH FL 33409

Title VP, PASTOR
Name DE ALMEIDA CRUZ, THIAGO
Address 616 CLEARWATER PARK RD
302
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, ELDER, PASTOR
Name DE ALMEIDA, ABRAÃO
Address 10850 PALM RIDGE LANE
City-State-Zip: TAMARAC FL 33321

Title TREASURER, DEACONESS
Name ALVES DE ALMEIDA CRUZ, ISABELA
Address 616 CLEARWATER PARK ROAD
302
City-State-Zip: WEST PALM BEACH FL 33401

Title ELDER, PASTOR, DIRECTOR
Name DE ALMEIDA, MARIA LUCIA
Address 108050 PALM RIDGE LANE
City-State-Zip: TAMARAC FL 33321

Title SECRETARY, DEACONESS
Name SOUZA, PAMELA
Address 4982 N CITATION DR
105
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR, DEACON
Name SOUZA, THOMAS RIBAS
Address 4982 N CITATION DR
105
City-State-Zip: DELRAY BEACH FL 33445

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: THIAGO DE ALMEIDA CRUZ

PASTOR, VP

03/09/2022

Electronic Signature of Signing Officer/Director Detail

Date