

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40340

Entity Name: IGREJA EVANGELICA BRASILEIRA (BRAZILIAN EVANGELICAL CHURCH), CORPORATION**FILED**
Jan 02, 2014
Secretary of State
CC5952528550**Current Principal Place of Business:**1870 N 441
MARGATE, FL 33063**Current Mailing Address:**10850 PALM RIDGE LN
TAMARAC, FL 33321 US**FEI Number: 65-0231376****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DE ALMEIDA, ABRAAO
10850 PALM RIDGE LANE
TAMARAC, FL 33321 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	CRUZ, ALVARO B
Address	1870 N 441
City-State-Zip:	MARGATE FL 33063

Title	VP
Name	CRUZ, ELAINE
Address	1870 N 441
City-State-Zip:	MARGATE FL 33063

Title	VP
Name	CRUZ, THIAGO A
Address	1870 N 441
City-State-Zip:	MARGATE FL 33063

Title	VP
Name	DE ALMEIDA, ABRAAO
Address	1870 N 441
City-State-Zip:	MARGATE FL 33063

Title	T
Name	FAUSTINO, EDELSON
Address	1870 N 441
City-State-Zip:	MARGATE FL 33063

Title	S
Name	CRUZ, ISABELA A
Address	1870 N 441
City-State-Zip:	MARGATE FL 33063

Title	D
Name	DE ALMEIDA, LUCIA
Address	1870 N 441
City-State-Zip:	MARGATE FL 33063

Title	D
Name	CRUZ, PAMELA A
Address	1870 N 441
City-State-Zip:	MARGATE FL 33063

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: CRUZ , THIAGO A**VP****01/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date