

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003983

FILED
Mar 22, 2011
Secretary of State

Entity Name: ASSOCIACAO EVANGELICA DE ACAMPAMENTOS, CORPORATION

Current Principal Place of Business:

RUA PROF. LIDIA DE SA GUIMARAES
180-QD. 14, LT. 33
ANAPOLIS GO BRAZIL, GO 75075 OC

New Principal Place of Business:

Current Mailing Address:

RUA PROF. LIDIA DE SA GUIMARAES
180-QD. 14, LT. 33
ANAPOLIS GO BRAZIL, GO 75075 OC

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DE MARCO, MIGUEL A
13390 SW 200 STREET
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C
Name: KREBSKY, ESDRAS O
Address: RUA 19 DE AGOSTO, NUMBER 10
City-St-Zip: VIANOPOLIS, BRAZIL, GO 75260 OC

Title: V
Name: MULLINS, ALAN C
Address: AV.01 - 955 APARTAMENTO 201
City-St-Zip: ANAPOLIS-GO BRAZIL, GO 75060 OC

Title: P
Name: LIMA, ANDRE G
Address: RUA ESTRADA DOS FERNANDES, 2680 - MIRANTE
City-St-Zip: SAO PAULO, SP BRAZIL, SP 07400 OC

Title: V
Name: BUHLER, SCOTT D
Address: RUA 25 DE JULHO, 1359 - SALA 4 - VILA NOVA
City-St-Zip: JARAGUA DO SUL, SC BRAZIL, SC 89259 OC

Title: S
Name: BARROS, LIZANIA S
Address: QUADRA 28, CASA 10 - SETOR OESTE
City-St-Zip: GAMA, DF BRAZIL, DF 72420 OC

Title: T
Name: SOUZA, NARCIZO L
Address: RUA PROF. 1/2 ELVIRA DE GRAMONT QD.04 LT..10
City-St-Zip: VILA RIZZO -GOIANIA, BRAZIL, GO 74393 OC

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: ESDRAS O. KREBSKY

C

03/22/2011

Electronic Signature of Signing Officer or Director

_____ Date