

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000003365

1. Entity Name
ADVENTIST CONGREGATION OF THE PROMISE INC.



Principal Place of Business
**1035 NE 202ND TER
MIAMI, FL 33179-2548 US**

Mailing Address
**1035 NE 202ND TER
MIAMI, FL 33179-2548 US**

DO NOT WRITE IN THIS SPACE



08272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3237477	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NASCIMENTO, VILSON
1035 NE 202ND TERR
MIAMI, FL 33179-2548**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC CORREA DO NASCIMENTO, VILSON 1035 NE 202NE TER MIAMI, FL 331792548
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FLOYD, LEO L JR 11749-C S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NASCIMENTO, RENEE R 1035 NE 202ND TERR MIAMI, FL 331792548
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PARENTE, GUILHERME B 11749-C S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837
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08/30/04-80002-006 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vilson C. Nascimento PDC/VILSON C. NASCIMENTO

Aug-27-04

(305) 999-9157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #