

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005176 (0)**

1. Corporation Name

IGREJA PRESBITERIANA DE BOSTON INC.



Principal Place of Business	Mailing Address
1234 S. MILITARY TRAIL #1811 DEERFIELD BEACH FL 33442	1234 S. MILITARY TRAIL #1811 DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last Report
4. FEI Number 04-3076131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Community Presbyterian Church	26 8177-C Severn Dr.
Suite, Apt. #, etc. 22 1920 SE 4th St.	Suite, Apt. #, etc. 27 Boca Raton FL
City & State 23 Deerfield Beach FL	City & State 28
Zip 24 33441	Country 25 Broward
Zip 29 33433	Country 30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEZERRA, DIOGENES
1234 S. MILITARY TRAIL #1811
DEERFIELD BEACH FL 33442

81 Name	Bezerra, Diogenes
82 Street Address (P.O. Box Number is Not Acceptable)	8177-C Severn Dr.
83	
84 City	Boca Raton
FL	85 Zip Code 33433

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P BEZERRA, DIOGENES	1.2 NAME	
STREET ADDRESS	1234 S. MILITARY TRAIL #1811	1.3 STREET ADDRESS	8177-C Severn Dr.
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	Boca Raton FL 33433
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BEZERRA, DAVID P	2.2 NAME	
STREET ADDRESS	1234 S. MILITARY TRAIL #1811	2.3 STREET ADDRESS	8177-C Severn Dr.
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	Boca Raton FL 33433
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S FREITAS, MARIA J	3.2 NAME	Tr
STREET ADDRESS	2035-E LINTON LAKES DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T SANTOS, AUCINEIA C	4.2 NAME	S
STREET ADDRESS	3370 BEAU RIVAGE DRIVE H2	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	T Marcus Reis
STREET ADDRESS		5.3 STREET ADDRESS	1755 A Linton Lake Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Delray Beach FL 33444
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7/29/97 10:11:00 AM

CR2E037 (4/97)