

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003778

FILED
Mar 30, 2007
Secretary of State

Entity Name: JOSE WELLINGTON BEZERRA DA COSTA BIBLE COLLEGE, CORP.

Current Principal Place of Business:

4000 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

4000 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 52-2233144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 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: PD () Delete
Name: FREIRE DA COSTA, JOEL REV
Address: 4000 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VD () Delete
Name: VASCONCELOS, JOSE A REV
Address: 4000 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SD () Delete
Name: SANTOS, NATANAEL REV
Address: 4000 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TD () Delete
Name: ALVES DUTRA, JADER REV
Address: 4000 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOEL F COSTA

PD

03/30/2007

Electronic Signature of Signing Officer or Director

Date