

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90343 010 \*\*\*\*70.00

**DOCUMENT # N00000005433**

1. Entity Name

**MISSIONARY CHURCH CORPORATION**

Principal Place of Business

Mailing Address

**2900 COUNTY BARN ROAD  
NAPLES FL 34104****P.O. BOX 9062  
NAPLES FL 34101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3663539**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**RANZONI GOMES, BRENO  
626 S. FEDERAL HWY..  
DEERFIELD BEACH FL 33441**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BASTIAN, OSMAR	
STREET ADDRESS	100 SANTA CLARA DRIVE #1	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MIKULSKI, ERVINO	
STREET ADDRESS	100 SANTA CLARA DRIVE #1	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MIKULSKI BASTIAN, DENISE	
STREET ADDRESS	100 SANTA CLARA DRIVE #1	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE PAIVA GUIMARAES, JAIR	
STREET ADDRESS	2225 GREENBACK CIRCLE #201	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE SILVA, PAULO SERGIO	
STREET ADDRESS	2205 GREENBACK CIRCLE #201	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASTIAN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIEL FRERE ITAHIDES	
STREET ADDRESS	48 Cricket Lake Dr.	
CITY-ST-ZIP	NAPLES-FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

**OSMAR BASTIAN - President**

Date

**02-06-01 944-272-7255**

Daytime Phone #

CR2E037 (10/00)