

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91138 030 \*\*\*\*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

*6461 Comming Tower Circ.*

3. Mailing Address

Suite, Apt. #, etc.

*A2*

City & State  
*Naples - Florida*

City & State

4. FEI Number  
**59-3663539**

Applied For  
 Not Applicable

Zip  
*34112*

Country

Zip

Country

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

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

Name

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

City

**FL**

Zip Code

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 ☐ Delete  
 NAME **PD BASTIAN, OSMAR**  
 STREET ADDRESS **100 SANTA CLARA DRIVE #1**  
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VPD FRERE ITAHIDES, ELIEL**  
 STREET ADDRESS **48 CRICKET LAKE DR**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **SD MIKULSKI BASTIAN, DENISE**  
 STREET ADDRESS **100 SANTA CLARA DRIVE #1**  
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **TD DE PAIVA GUIMARAES, JAIR**  
 STREET ADDRESS **2225 GREENBACK CIRCLE #201**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **TD DE SILVA, PAULO SERGIO**  
 STREET ADDRESS **2205 GREENBACK CIRCLE #201**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

*Osmar Bastian*

*4-27-02 941-272-7255*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)