

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000000332**

1. Entity Name  
**AGAPE BRAZILIAN MINISTRY, INC.**



Principal Place of Business  
**3721 NE 12TH AVE  
POMPAÑO BEACH, FL 33064**

Mailing Address  
**2373 NW 34TH AVE  
COCONUT CREEK, FL 33066**



06132006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1066077**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TAX HOUSE CORPORATION  
3929 N FEDERAL HWY  
POMPAÑO BEACH, FL 33064**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DELIMA, NELIS
STREET ADDRESS	3721 NE 12TH AVE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064

TITLE	VD
NAME	BUARQUE, ROSELIANE
STREET ADDRESS	3721 NE 12TH AVE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064

TITLE	D
NAME	VERLY, ROSEMBERG
STREET ADDRESS	3721 NE 12TH AVE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069

TITLE	TD
NAME	BARRETO, RICARDO
STREET ADDRESS	3721 NE 12TH AVE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064

TITLE	D
NAME	ALAMO, MARLUCIA
STREET ADDRESS	3721 NE 12TH AVE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064

TITLE	SD
NAME	VERDOLIN, CAROLINA
STREET ADDRESS	3721 NE 12TH AVE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064

U00000567350  
06/19/06-80006-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06/20/06**

Date

**954 978 4677**

Daytime Phone #