

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90049 004 \*\*\*\*70.00

**DOCUMENT # N03000000594**

1. Entity Name

**FIRST BRAZILIAN CHURCH OF THE EMERALD COAST,  
INC.**



Principal Place of Business

**362 SAILFISH DR  
DESTIN FL 32541**

Mailing Address

**362 SAILFISH DR  
DESTIN FL 32541**

**24029147**



MOORE CR2E037 (11/03)

2. Principal Place of Business

**362 SAILFISH DR**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**DESTIN, FLORIDA**

City & State

4. FEI Number

**11-3663006**

Applied For

Not Applicable

Zip

**32541**

Country

**EUA**

Zip

Country

5. Certificate of Status Desired

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**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GLOVASKI, WILSON T  
362 SAILFISH DR  
DESTIN FL 32541**

7. Name and Address of New Registered Agent

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. 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

**3-23-2004**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLOVASKI, WILSON T 4591 LUKE AVENUE DESTIN FL 32541	<input checked="" type="checkbox"/> Delete ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GLOVASKI, IVANI T 4591 LUKE AVENUE DESTIN FL 32541	<input checked="" type="checkbox"/> Delete ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GLOVASKI, IVANI T 362 SAILFISH DR DESTIN FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLOVASKI, VITOR H 362 SAILFISH DR DESTIN FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **WILSON T. GLOVASKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**850 6544515**