

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002685

FILED
May 15, 2006
Secretary of State

Entity Name: DEFREITAS'S MINISTRY CORPORATION.

Current Principal Place of Business:

4312 NATCHEZ TRACE DR
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

4312 NATCHEZ TRACE DR
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 51-0455734 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
246
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON, CAROLINE
8818 COMMODITY CIR
40
ORLANDO, FL 32819 US

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: CAROLINE LARSON

05/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEFREITAS, MARCELO M
Address: 4312 NATCHEZ TRACE DR
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VSD () Delete
Name: FREITAS, ELISANGELA V M
Address: 4312 NATCHEZ TRACE DR
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: T () Delete
Name: MOREIRA, JONATHAS D
Address: 524 TIMBER RIDGE
City-St-Zip: LONGWOOD, FL 32779 US

Title: CNSL () Delete
Name: PEREIRA, SILAS
Address: 5566 ARNOLD PALMER DR. 4308
City-St-Zip: ORLANDO, FL 32811

Title: MUSC () Delete
Name: ALTHOUSE, JEFFREY
Address: 202 CHADWORTH DR.
City-St-Zip: KISSIMMEE, FL 37758

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:

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: MARCELO DE FREITAS

P

05/15/2006

Electronic Signature of Signing Officer or Director

Date