

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007601

**FILED**  
**Sep 24, 2004**  
**Secretary of State****Entity Name:** BRAZILIAN BAPTIST CHURCH TREASURE COAST, INC.**Current Principal Place of Business:**5511 SAINT LUCIE BLVD  
FT. PIERCE, FL 34946**New Principal Place of Business:****Current Mailing Address:**5511 SAINT LUCIE BLVD  
FT. PIERCE, FL 34946**New Mailing Address:****FEI Number:** 20-0192873**FEI Number Applied For** ( )**FEI Number Not Applicable** ( )**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** DE SOUZA SILVA, FABRICIO  
**Address:** 5475 SAINT LUCIE BLVD  
**City-St-Zip:** FT. PIERCE, FL 34946**Title:** VTD ( ) Delete  
**Name:** RIBEIRO, ADILSON  
**Address:** 5475 SAINT LUCIE BLVD  
**City-St-Zip:** FT. PIERCE, FL 34946**Title:** SD ( ) Delete  
**Name:** DE JESUS, ARLEY  
**Address:** 5475 SAINT LUCIE BLVD  
**City-St-Zip:** FT. PIERCE, FL 34946**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:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FABRICIO DE SOUZA SILVA

PD

09/24/2004

Electronic Signature of Signing Officer or Director

Date