

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007601

FILED  
Apr 30, 2005  
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:

4500 S. 25TH  
FT. PIERCE, FL 34981 US

## Current Mailing Address:

5511 SAINT LUCIE BLVD  
FT. PIERCE, FL 34946

## New Mailing Address:

4500 S. 25TH  
FT. PIERCE, FL 34981 US

FEI Number: 20-0192873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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:

TAXPLACE CORP  
2721 S. US 1 SUITE 9  
FORT PIERCE, FL 34982 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: CLAUDIO RIBEIRO

04/30/2005

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: PD (X) Change ( ) Addition  
Name: SILVA, FABRICIO S  
Address: 4500 S. 25TH  
City-St-Zip: FT. PIERCE, FL 34981 US

Title: VTD (X) Change ( ) Addition  
Name: RIBEIRO, ADILSON  
Address: 5420 NW DUNN RD  
City-St-Zip: PORT ST. LUCIE, FL 34981 US

Title: SD (X) Change ( ) Addition  
Name: DE JESUS, ARLEY  
Address: 4500 S. 25TH  
City-St-Zip: FT. PIERCE, FL 34981 US

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 S. SILVA

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date