

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007601

FILED  
May 14, 2007  
Secretary of State

**Entity Name:** BRAZILIAN BAPTIST CHURCH TREASURE COAST, INC.

**Current Principal Place of Business:**

2900 S. JENKINS RD  
FT. PIERCE, FL 34981 US

**New Principal Place of Business:**

**Current Mailing Address:**

2900 S. JENKINS RD  
FT. PIERCE, FL 34981 US

**New Mailing Address:**

**FEI Number:** 20-0192873 **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:**

TAXPLACE CORP  
2721 S. US 1 SUITE 9  
FORT PIERCE, FL 34982 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: SILVA, FABRICIO S  
Address: 2900 S. JENKINS RD  
City-St-Zip: FORT PIERCE, FL 34981 US

Title: VPD ( ) Delete  
Name: RIBEIRO, CLAUDIO  
Address: 2900 S. JENKINS RD  
City-St-Zip: FORT PIERCE, FL 34981 US

Title: STD ( ) Delete  
Name: DE JESUS, ARLEY  
Address: 2900 S. JENKINS RD  
City-St-Zip: FORT PIERCE, FL 34981 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DE JESUS, ARLEY  
Address: 2900 S. JENKINS RD  
City-St-Zip: FORT PIERCE, FL 34981 US

Title: ST ( ) Change (X) Addition  
Name: ARAUJO, DALRISON D  
Address: 2900 S. JENKINS RD  
City-St-Zip: FORT PIERCE, FL 34981 US

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

PD

05/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date