

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000006047

1. Entity Name
**EDIFYING LIVES MINISTRY FREE METHODIST CHURCH,
INC.**



Principal Place of Business
**9503 BOCA COVE CIR #609
BOCA RATON, FL 33428-7750**

Mailing Address
**9503 BOCA COVE CIR #609
BOCA RATON, FL 33428-7750**



06262006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1294388	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SILVA, ROBERTO P
9503 BOCA COVE CIR #609
BOCA RATON, FL 33428-7750**

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVA, ROBERTO P 9503 BOCA COVE CIR #609 BOCA RATON, FL 334287750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALMEIDA, VALBER 5620 NW 61ST STREET, #1211 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVA, ALEXANDRE B 11576 TIMBERS WAY BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COSTA, CARLOS H 22511 SW 66TH AVE., #104-B BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000567786
06/30/06-80003-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **ALEXANDRE B. SILVA** - (754) 367-8432 - 06/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone