


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90029 034 ****61.25

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

2. Principal Place of Business - No P.O. Box #
 7300 W CAMINO REAL
 Suite, Apt. #, etc.
 STE # 126

3. Mailing Address
 7300 W CAMINO REAL
 Suite, Apt. #, etc.
 STE # 126

City & State
 BOCA RATON, FL

City & State
 BOCA RATON, FL

Zip
 33433

Country
 U.S.A.

Zip
 33433

Country
 U.S.A.

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04302007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number
 20-1294388

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
 SILVA, ROBERTO P.


Street Address (P.O. Box Number is Not Acceptable)
 7300 W CAMINO REAL # 126

City
 BOCA RATON

State
 FL

Zip Code
 33433

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: 

(NOTE: Registered Agent signature required when re-registering)

DATE: 04/30/07

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVA, ROBERTO P 9503 BOCA COVE CIR #609 BOCA RATON, FL 334287750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALMEIDA, VALBER 5620 NW 61ST STREET, #1211 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVA, ALEXANDRE B 11576 TIMBERS WAY BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COSTA, CARLOS H 22511 SW 66TH AVE., #104-B BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

DATE: 04/30/07 (754) 367-8432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #