2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000009264

Entity Name: BRAZILIAN FREE METHODIST CHURCH OF WEST PALM BEACH, INC.

Current Principal Place of Business:

3218 MELALEUCA RD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3218 MELALEUCA RD
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 20-0974654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PINTO, CARLOS MAGNO REV.
3787 MILL POND CT.
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

OLIVEIRA, JOSE R REV.
4678 CARAMBOLA CIRCLE NORTH
COCONUT CREEK, FL 33066 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: JOSE ROBERTO OLIVEIRA 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLIVEIRA, JOSE R REV
Address: 4678 CARAMBOLA CIRCLE NORTH
City-St-Zip: COCONUT CREEK,, FL 33066 US

Title: S ( ) Delete
Name: OLIVEIRA, DALZIRA B REV
Address: 4678 CARAMBOLA CIRCLE NORTH
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: S ( ) Delete
Name: PINTO, CARLOS M REV
Address: 3787 MIL POND CT
City-St-Zip: GREENACRES, FL 33463 US

Title: T ( ) Delete
Name: PINTO, DEYVID
Address: 1356 SUMMIT PINES BLVD, # 122
City-St-Zip: WEST PALM BEACH, FL 33415 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: IRENE, ONCKEN MRS
Address: 897 DICKENS PLACE
City-St-Zip: WEST PALM BEACH, FL 33411 US

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

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: JOSE ROBERTO OLIVEIRA REV 04/30/2009
Electronic Signature of Signing Officer or Director Date