

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000575

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** ASSEMBLEIA DE DEUS MANANCIAL DE VIDA, INC

**Current Principal Place of Business:**

1600 MABBETTE STREET  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

13833 AMBERLEIGHT ROAD  
ORLANDO, FL 32837 US

**New Mailing Address:**

**FEI Number:** 20-3536044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARSON, CAROLINE  
8818 COMMODITY CIR STE 40  
ORLANDO, FL 32819 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: DA SILVA, DINARTE C  
Address: 13833 AMBERLEIGHT RD  
City-St-Zip: ORLANDO, FL 32837

Title: VD ( ) Delete  
Name: PALHANO, SILMARA  
Address: 1416 ABBERTON DR.  
City-St-Zip: ORLANDO, FL 32837

Title: TD ( ) Delete  
Name: PALHANO, MICHAEL S  
Address: 1416 ABBERTON DR.  
City-St-Zip: ORLANDO, FL 32837

Title: SD ( ) Delete  
Name: DE LIMA, RAQUEL  
Address: 11634 SIR WINSTON WAY  
City-St-Zip: ORLANDO, FL 32824

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DINARTE DA SILVA

P

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date