## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # N05000004089**

1. Entity Name
PHILADELPHIA BRAZILIAN CHURCH INC.



						600 11	Tree						
Principal Place of Business 7607 HIDDEN CYPRESS DR ORLANDO, FL 32822 US			Mailing Address 7607 HIDDEN CYPRESS DR ORLANDO, FL 32822 US				40000 	11 GW 1 PRW ARW SG	11 <b>8 8</b> 1111 <b>8 8</b> 771 <del>1</del>	1(31): 40)T  (33)B  (0			
2. Principal Place of Business - No P.O. Box # 3. Ma				Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04092007	Chg-NP	CR2E	37 (12/06)		
City & Stat	e	City & State					4. FEI Number NOT APPL	ICABLE.	<del> </del>		oplied For		
Zip Country			Zip	Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	Agent			·	7. Name and Address of New Registered Agent							
			<u>v</u>			Name							
SANTOS, MARCELO R 7607 HIDDEN CYPRESS DR ORLANDO, FL 32822						Street Address (P.O. Box Number is Not Acceptable)							
OKEANDO, FE 32022							City -			<b>⊏</b> ∎ Zip Code			
							City .			FL   Zip Code			
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 primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  DATE													
		Election Campaign Financing     Trust Fund Contribution.			\$5.00 May Be Added to Fees			k payable terriment of S					
10.		OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CHANG	SES TO OFFICE	BS AND D	INSECTORS IN	110	
	Р	OT TOLING AIRD DIT			_								
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NAME	PACHECO				NAME	1	_	-0.7	) There's	~	1011	<i>n</i>	
STREET ADDRESS 4303 SUMMIT CREEK BLVD					STREE	ET ADDRESS	-	2937 ASH	LAND ,	$\mathcal{W}$	20416	4	
CITY-ST-ZIP	ORLANDO	), FL 32837			CITY-	ST-ZIP		KISSIN	MER	FL.	34741		
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NAME	LOPES, JO	OSE S		<b>0</b> 00000	NAME		من	$\lambda v  res$	vse	5.			
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CITY-ST-ZIP		), FL 32822				ST-ZIP							
<del></del>	<del> </del>	7, FL 32022			Gil 1	31-21	_	· , · · · · ·					
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NAME	LOPEZ, G				NAME		_	20.0			1.1		
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CITY-ST-ZIP	KISSIMME	E, FL 34747			CITY-	ST-ZIP		LOPES 1810 Chi KISSI	NMEB	FL.	347	4/	
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NAME	<b> </b>				NAME	I							
STREET ADDRESS						T ADDRESS							
CITY-ST-ZIP	1					ST-ZIP							
	cartify that the	information supplied with	thin filing =	AAR not munif: f-			ntoine =	t in Chanter 110. Ek	wide Ctetute - 1	frather ==	olf of the transfer to	formati	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2007

Daytme Phone #

FILED Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90214 049 \*\*\*\*70.00