


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90196 038 ****70.00

DOCUMENT # N05000004089 1. Entity Name PHILADELPHIA BRAZILIAN CHURCH INC.			
Principal Place of Business 7607 HIDDEN CYPRESS DR ORLANDO, FL 32822 US		Mailing Address 7607 HIDDEN CYPRESS DR ORLANDO, FL 32822 US	
2. Principal Place of Business - No P.O. Box # 8818 COMMODITY CIR. Suite, Apt. #, etc. SUITE 40 City & State ORLANDO, FL Zip 32819 Country USA		3. Mailing Address PO BOX 772076 Suite, Apt. #, etc. City & State ORLANDO, FL Zip 32877-2076 Country USA	
6. Name and Address of Current Registered Agent SANTOS, MARCELO R 7607 HIDDEN CYPRESS DR ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name PACHECO, HELIO Street Address (P.O. Box Number is Not Acceptable) 2937 ASHLAND LN. SOUTH City KISSIMMEE FL Zip Code 34741	
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 <u><i>Helio Pacheco</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>04/24/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PACHECO, HELIO L 2937 ASHLAND LN S KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPES, JOSE S 2810 CLIPER COVE LN KISSIMMEE, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR NAVARRO, MARIA EUGENIA 11314 ISLE WATER BRIDGE APT #204 ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, GEONE V 2810 CLIPER CONE LN KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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: <u><i>Helio Pacheco</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>04/24/08</u> <small>Date Daytime Phone #</small>	

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03172008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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