

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009081

FILED  
Jul 18, 2007  
Secretary of State

**Entity Name:** CASA DE ORACAO TODOS OS POVOS, INC.

**Current Principal Place of Business:**

1686 HWY 100  
BANEU, FL 32110 US

**New Principal Place of Business:**

**Current Mailing Address:**

28 WHITE STAR DR  
PALM COAST, FL 32164 US

**New Mailing Address:**

**FEI Number:** 20-3694535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ACCOUNT BOOKKEEPING CORP  
5950 LAKEHURST DR 246  
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: P ( ) Delete  
Name: MULLER, LUIZ C  
Address: 129 BRUNSWICK LN A  
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete  
Name: MULLER, TERESINHA D  
Address: 129 BRUNSWICK LN A  
City-St-Zip: PALM COAST, FL 32137

Title: DT ( ) Delete  
Name: VIEIRA, ROBERTO  
Address: 129 BRUNSWICK LN A  
City-St-Zip: PALM COAST, FL 32137

Title: DT ( ) Delete  
Name: HONORATO, OTONIEL  
Address: 129 BRUNSWICK LN A  
City-St-Zip: PALM COAST, FL 32137

Title: S ( ) Delete  
Name: MULLER, NYVIA R  
Address: 129 BRUNSWICK LN A  
City-St-Zip: PALM COAST, FL 32137

Title: S ( ) Delete  
Name: DOS SANTOS, MARILENE  
Address: 16 PICADILLY  
City-St-Zip: PALM COAST, FL 32137

**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:

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 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: LUIZ MULLER

P

07/18/2007

Electronic Signature of Signing Officer or Director

Date