

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009860

FILED  
May 14, 2007  
Secretary of State

**Entity Name:** PRIMEIRA IGREJA ASSEMBLEIA DE DEUS DE PORT ST LUCIE, CORP.

**Current Principal Place of Business:**

350 SE DALVA AVE.  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

350 SE DALVA AVE.  
PORT ST. LUCIE, FL 34984 US

**Current Mailing Address:**

350 SE DALVA AVE.  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

350 SE DALVA AVE.  
PORT ST. LUCIE, FL 34984 US

**FEI Number:** 20-3533000 **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:**

TAXPLACE, CORP.  
2721 S. US 1 SUITE 9  
FORT PIERCE, FL 34982 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: DE SOUZA, ROBERTO  
Address: 350 SE DALVA AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: S ( ) Delete  
Name: DE SOUZA, SARAH  
Address: 350 SE DALVA AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: T ( ) Delete  
Name: DE SOUZA, NORMA  
Address: 350 SE DALVA AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34984

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

Title: PD (X) Change ( ) Addition  
Name: DESOUZA, ROBERTO  
Address: 350 SE DALVA AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: S (X) Change ( ) Addition  
Name: DE SOUZA, SARAH  
Address: 350 SE DALVA AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: T (X) Change ( ) Addition  
Name: DE SOUZA, NORMA  
Address: 350 SE DALVA AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34984 US

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: ROBERTO DESOUZA

PD

05/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date