

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005128

Entity Name: IGREJA BATISTA VIDA INC

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

3800 FOWLER STREET  
UNIT 6  
FORT MYERS, FL 33901

## New Principal Place of Business:

## Current Mailing Address:

3800 FOWLER STREET  
UNIT 6  
FORT MYERS, FL 33901

## New Mailing Address:

FEI Number: 20-4854420      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:

EAGLE TAX REPRESENTATION, CORP  
23150 SANDALFOOT PLAZA DRIVE  
STE E  
BOCA RATON, FL 334286530 US

## Name and Address of New Registered Agent:

SILVA, ANDERSON O  
3122 40TH STREET SW  
LEHIGH ACRES, FL 33976 US

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: ANDERSON O. SILVA

05/01/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROSA, JEFFERSON  
Address: 12290 COUNTRY DAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33913

Title: VPD ( ) Delete  
Name: SILVA, ANDERSON O  
Address: 5372 HAWKS LANDING DR # 208  
City-St-Zip: FORT MYERS, FL 33907

Title: TD ( ) Delete  
Name: SILVA, PATRICIA  
Address: 5372 HAWKS LANDING DR # 208  
City-St-Zip: FORT MYERS, FL 33907

Title: SD (X) Delete  
Name: SILVA, TEODORA C  
Address: 1811 SE 19TH LANE  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SILVA, ANDERSON O  
Address: 3122 40TH STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33976

Title: TD (X) Change ( ) Addition  
Name: SILVA, PATRICIA  
Address: 3122 40TH STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33976

Title: SD (X) Change ( ) Addition  
Name: SILVA, TEODORA C  
Address: 1024 NW 14TH STREET  
City-St-Zip: CAPE CORAL, FL 33993

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: ANDERSON O. SILVA

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date