2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N06000011508

Entity Name: MINISTERIO EVANGELICO COLUNAS DE FOGO, INC

Current Principal Place of Business:

4799 NW 22ND STREET
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

4799 NW 22ND STREET
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 20-5927555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOARES, CARLOS A
4799 NW 22ND STREET
COCONUT CREEK, FL 33063 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:	SOARES, CARLOS A	
Address:	4799 NW 22ND ST	
City-St-Zip:	COCONUT CREEK, FL 33063	
Title:	P	( ) Delete
Name:	SOARES, MARIA O	
Address:	4799 NW 22ND ST	
City-St-Zip:	COCONUT CREEK, FL 33063	
Title:	TRES	( ) Delete
Name:	SOARES, BARBARA B	
Address:	4799 NW 22ND ST	
City-St-Zip:	COCONUT CREEK, FL 33063	
Title:	TRES	( ) Delete
Name:	SOUZA, DANIELLISON F	
Address:	6800 NW 39 TH AVE	
City-St-Zip:	COCONUT CREEK, FL 33073	
Title:	SEC	( ) Delete
Name:	PINTO, RACHEL	
Address:	2504 NW 49 TH TERRACE	
City-St-Zip:	COCONUT CREEK, FL 33063	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA TRES 04/20/2007

Electronic Signature of Signing Officer or Director — Date