

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N40340** (4)

1. Corporation Name  
**IGREJA EVANGELICA BRASILEIRA (BRAZILIAN EVANGELICAL CHURCH), CORPORATION**



Principal Place of Business: **3882 WEST BROWARD BLVD FT LAUDERDALE FL 33312 US**  
Mailing Address: **660 NW 73RD AVE HOLLYWOOD FL 33024 US**

3. Date Incorporated or Qualified: **10/09/1990**  
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business: **3832 West Broward Blvd**  
2a. Mailing Address: **660 N. W. 73rd Ave**

4. FEI Number: **65-0231376**  
Applied For:  Not Applicable

22. Suite, Apt. #, etc.: **PLANTATION**  
27. City & State: **HOLLYWOOD FL**

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

23. City & State: **FL**  
28. City & State: **FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **33312** 25. Country: **Broward** 29. Zip: **33024** 30. Country: **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**ABRAAO DE ALMEIDA  
660 N. 73RD AVE  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABRAAO DE ALMEDIA	
STREET ADDRESS	660 N. 73RD AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DE CASTILLO, MARI TEREZA	
STREET ADDRESS	1118 N 15TH # 2	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DA CRUZ, GILBERTO	
STREET ADDRESS	204 N. 6TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	DE CASTILHO, MARIA TEREZA
2.4 CITY-ST-ZIP	110 S. E 2 ST #104 Hallandale, FL 33009
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	DA CRUZ, GILBERTO
3.4 CITY-ST-ZIP	5088 S. W 24 AVE FORT LAUDERDALE, FL 33322
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria Tereza Castillo Date: 4/25/96 Daytime Phone #: 954-583-9526

CR2E037 (12/95)