

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 9832 WEST BROWARD BLVD PLANTATION FL 33372 US  
Mailing Address: 660 NORTH 73RD AVENUE HOLLYWOOD FL 33024-7130 US

3. Date Incorporated or Qualified: 10/09/1990  
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 65-0231376		Applied For: Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
23. Zip		28. Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ABRAAO DE ALMEIDA 660 N. 73RD AVE HOLLYWOOD FL 33021				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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]*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	ABRAAO DE ALMEDIA	1.1 TITLE	
STREET ADDRESS: 660 N. 73RD AVE	HOLLYWOOD FL	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE: SD	DE CASTILLO, MARI-TEREZ	2.1 TITLE	SD
STREET ADDRESS: 110 SW 2ND STREET #104	HALLANDALE FL	2.2 NAME	PINHEIRO, ELAISE
CITY-ST-ZIP		2.3 STREET ADDRESS	4143 S. PINE ISLAND RD
	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	DAVIE, FL 33328
TITLE: VD	DA CRUZ, GILBERTO	3.1 TITLE	
STREET ADDRESS: 6088 SW 24 AVENUE	FORT LAUDERDALE FL	3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	2850 NW 55 AVE #2B
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	LAUDER HILL, FL 33313
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	
	<input type="checkbox"/> DELETE	6.2 NAME	
TITLE		6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, as provided, or on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E037 (9/96)