

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

**FILED**

**Mar 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40340 (4)**

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



Principal Place of Business <b>3832 WEST BROWARD BLVD PLANTATION FL 33372 US</b>	Mailing Address <b>660 NORTH 73RD AVENUE HOLLYWOOD FL 33024 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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3. Date Incorporated or Qualified <b>10/09/1990</b>	4. FEI Number <b>65-0231376</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAAO DE ALMEDIA</b>	1.2 NAME	
STREET ADDRESS	<b>660 N. 73RD AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PINEHEIRO ELAISE</b>	2.2 NAME	<b>LEITE DAILZA</b>
STREET ADDRESS	<b>4143 S PINE ISLAND RD</b>	2.3 STREET ADDRESS	<b>6848 PALMETTO CIRCLE S. #1215</b>
CITY-ST-ZIP	<b>DAVIE FL</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DA CRUZ, GILBERTO</b>	3.2 NAME	<b>ELIEL PINHEIRO</b>
STREET ADDRESS	<b>2850 NW 55TH AVE 2B</b>	3.3 STREET ADDRESS	<b>4143 S PINE ISLAND RD</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	3.4 CITY-ST-ZIP	<b>DAVIE FL</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Date: **Feb 27, 1998** (259) 985-0632

CR2E037 (10/97)