

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N40340**

1. Corporation Name

IGREJA EVANGELICA BRASILEIRA (BRAZILIAN EVANGELI CAL CHURCH), CORPORATION

Principal Place of Business								
3832 WEST BROWARD BLVD PLANTATION FL 33372								
US								

Mailing Address

660 NORTH 73RD AVENUE HOLLYWOOD FL 33024

FILED Mar 25, 1999 8:00 am § Secretary of State

03-25-1999 90014 024 ****70.00



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2. Principal Pl	ace of Busine	ss	2a.	2a. Mailing Address					3. Date incorporated or Qualifed						
·				26					10/09/1990						
Suite, Apt. #, etc.				Suite, Apt. #, etc.					4. FEI N					— - `	lied For
22				27					. 65-0	<u> 231376</u>	<u> </u>	. 2			Applicable
City & State				City & State					5. Certifo	ate of St	atus Desi	ired .	×	\$8.75 A	
23				28										Fee Rec	
Zip	Country Zip						Country 6. Election Campaign Financing						\$5.00		
24	25 29 30							Trust Fund Contribution 10. Name and Address of New Registered Ag						Added to	rees
	9. Name a	ind Address of Curr	ent Regis	stered Agent		94			10. Name	and Ad	aress or	New Ke	gisterea	Agent	
						81	Name								
ABRAAO DE ALMEIDA						82	82 Street Address (P.O. Box Number is Not Acceptable)								
660 N. 731	RD AVE				•				-			٠			
HOLLYWO	OD FL 3302	<u>!</u> 1				83	83					. 11			
						84	City							85 Zip C	ode
												1	<u> </u>		
11. Pursuant	to the provision	ons of Sections 617.0 nt, or both, in the Sta	502 and 6	317.1508, Flor	ida Statutes,	the above	e-named	corpor	ation subm	its this st	tatement t	or the p	urpose of the appoi	changing its	registered iistered
onice or n	egistered agei m familiar with	nt, or both, in the Sta n, and accept the obli	gations of	i, Section 617	.0503, Florida	Statutes		O auon	s board or	directors		цоор			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE		•	•												
SIGNATURE	Signature, typed o	r printed name of registered a	gent and title	if applicable.	(NOTE: Re		nt signature i	required w	hen reinstating				DATE	ID DIDEOTO	70 111 40
12.		OFFICERS A	AND DIRE			13.		145	ADDIT	ONS/CH	ANGES	O OFFI	CERS AN	D DIRECTO	Addition
TITLE	PD .				DELETE	1.1 TITLE		SD	JIA .C	1 115	18.4			Change	AUDIDON
NAME	abraao d	e almedia				1.2 NAME		JUI	32 SC	12 10 H	INA Kati	FET			
STREET ADDRESS	660 N. 73F					1.3 STREET	F ADDRESS								
CITY-ST-ZIP	HOLLYWO	OD FL				1.4 CITY-S	T-ZIP	MIR	AMAR	<u>, FL</u>	330	<u>45</u>			
TITLE	TD	*		X	DELETE	2.1 TITLE							•	Change	Addition
NAME	DAILZA, LE	ITE .				2.2 NAME									
STREET ADDRESS	6848 PALM	IETTO CIR S #121	5			2.3 STREET	TADORESS								
CITY-ST-ZIP	BOCA RAT	ON FL 33433				2.4 CITY-S	T-ZIP	<u> </u>							
TITLE	TD	Try - Ta		🗆 1	DELETE	3.1 TITLE								Change	☐ Addition
NAME	PINHEIRO,	ELIEL				3.2 NAME									
STREET ADDRESS	4143 S PIN	ie island RD				3.3 STREET	T ADDRESS	:					: •		
CITY-ST-ZIP	DAVIE FL					3.4. CITY-S	ST-ZIP								
TITLE					DELETE	4.1 TITLE								Change	☐ Addition
NAME						4. 2 NAME									
STREET ADDRESS						4.3 STREET	T ADDRESS	:			•				
CITY-ST-ZIP						4.4 CITY-S	T- Z IP								
TITLE					DELETE	5.1 TITLE								Change	☐ Addition
NAME						5.2 NAME									
STREET ADDRESS						5.3 STREET	T ADDRESS	-				:	-		
CITY-ST-ZIP					,	5.4 CITY-S	T-ZIP				<u>. :-</u>				
TITLE					DELETE	6.1 TITLE								Change	☐ Addition
NAME		•				6.2 NAME								:	
STREET ADDRESS						6.3 STREET	TADDRESS	:							
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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 suppliemental 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, with all other like empowered.

SIGNATURE: