

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000001213 (8)**

1. Corporation Name

**IGREJA ASSEMBLEIA DE DEUS DE POMPANO BEACH, INC.**



Principal Place of Business

Mailing Address

100 NE 44TH ST  
POMPANO BEACH FL 33074

POST OFFICE BOX 50515  
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified  
**03/11/1993**

3a. Date of Last Report  
**06/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**65-0394106**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMMONS, FOY H  
2701 SO. BAYSHORE DR.  
SUITE 806  
COCONUT GROVE FL 33133**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIRES, FRANCISCO	
STREET ADDRESS	8500 NW 85 ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DE FREITAS, JOAO MOACIR	
STREET ADDRESS	301 SW 1ST, APT. D414	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DEALMEIDA, DOMINGO	
STREET ADDRESS	303 SW 33 TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUES, PAULO	
STREET ADDRESS	551 NW 46 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DE SOUZA, NATANAEL	
STREET ADDRESS	7503 NW 44 CT., APT. 11	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LEOCADIO, JOSE MARTINS	
STREET ADDRESS	5760 LAKESIDE DR., APT. 209	
CITY-ST-ZIP	MARGATE FL 33063	

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	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NASCIMENTO R. IZAIAS
2.3 STREET ADDRESS	1599 NW 31 AVE. #635
2.4 CITY-ST-ZIP	CORAL SPRINGS - FL 33065
3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ULIANI PAULINO
3.3 STREET ADDRESS	319 SW 32 AVE
3.4 CITY-ST-ZIP	DEERFIELD BEACH - FL 33442
4.1 TITLE	AS <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FERRCIRA J. MARCELO
4.3 STREET ADDRESS	3829 CORAL TREE CIRCLE
4.4 CITY-ST-ZIP	COCONUT CREEK - FL 33073
5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GUIMARAES RONALDO
5.3 STREET ADDRESS	3035 CORAL RIDGE DRIVE
5.4 CITY-ST-ZIP	CORAL SPRINGS - FL 33065
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: *Francisco Pires - PD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96 (541) 3408963  
Date Daytime Phone #

CR2E037 (12/95)