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Mar 28 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 # N93000001213 (8)

1. Corporation Name

IGREJA ASSEMBLEIA DE DEUS EM POMPANO BEACH, INC.

Principal Place of Business

Mailing Address

100 NE 44TH ST  
POMPANO BEACH FL 33074

POST OFFICE BOX 50515  
POMPANO BEACH FL 33074-0515



3. Date Incorporated or Qualified  
03/11/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

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 606  
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            | IZAIAS, NASCIMENTO R        |  |
| STREET ADDRESS  | 1599 NE 91 AVE #635         |  |
| CITY - ST - ZIP | CORAL SPRINGS FL            |  |
| TITLE           | S                           | <input type="checkbox"/> DELETE            |
| NAME            | PAULINO, ULIANI             |  |
| STREET ADDRESS  | 319 SW 32 AVE               |  |
| CITY - ST - ZIP | DEERFIELD BEACH FL          |  |
| TITLE           | AS                          | <input type="checkbox"/> DELETE            |
| NAME            | MARCELO, FERREIRA J         |  |
| STREET ADDRESS  | 3829 CORAL TREE CIRC        |  |
| CITY - ST - ZIP | COCONUT CREEK FL            |  |
| TITLE           | TD                          | <input type="checkbox"/> DELETE            |
| NAME            | GUIMARAES, RONALDO          |  |
| STREET ADDRESS  | 3035 CORAL RIDGE DRIVE      |  |
| CITY - ST - ZIP | CORAL SPRINGS FL            |  |
| 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           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | PASTOR V.D. MACIEL FIGUEIREDO  |
| 2.3 STREET ADDRESS  | 1080 94 ST. #507   |
| 2.4 CITY - ST - ZIP | BAY HARBOR ISLAND - FL. 33154  |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/97

Date

Daytime Phone # 0026181

CR2E037 (9/96)