

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 30575 POMPANO BEACH FL 33064

2. Principal Place of Business	2a. Mailing Address
21 172 N. Ponderline Rd	26 172 N. Ponderline Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City, State Pompano Beach, FL	28 City, State Pompano Beach, FL
24 Zip 33064	29 Zip 33064
25 Country	30 Country

3. Date Incorporated or Qualified	Applied For
03/11/1993	Not Applicable
4. FEI Number	
65-0394106	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
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
HAMMONS, FOY H 2701 SO. BAYSHORE DR. SUITE 800 COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent
81 Name FRANCISCO PIRES
82 Street Address (P.O. Box Number is Not Acceptable)
83 4008 EASTRIDGE CIRCLE
84 City Pompano Beach FL 85 Zip Code 33064

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 *X. Pires* DATE 2/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PIRES, FRANCISCO	1.2 NAME	4008 EASTRIDGE CIRCLE
STREET ADDRESS	8500 NW 35 ST	1.3 STREET ADDRESS	POMPANO BEACH, FL 33064
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE	VDP	2.1 TITLE	
NAME	FIGUEIREDO, MACIEL	2.2 NAME	
STREET ADDRESS	1080 94 ST., #507	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	PAULINO, ULIANI	3.2 NAME	
STREET ADDRESS	319 SW 32 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	MARCELO, FERREIRA J	4.2 NAME	
STREET ADDRESS	3829 CORAL TREE CIRC	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	GUMARAES, RONALDO	5.2 NAME	8500 NW 35 ST
STREET ADDRESS	3035 CORAL RIDGE DRIVE	5.3 STREET ADDRESS	CORAL SPRINGS-FL.
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	33065
TITLE	AT	6.1 TITLE	
NAME	LEOCADIO, JOSE MARTINS	6.2 NAME	AT ROBERTO VIEIRA
STREET ADDRESS	5760 LAKESIDE DR., APT. 209	6.3 STREET ADDRESS	435 CORAL WAY
CITY-ST-ZIP	MARGATE FL 33063	6.4 CITY-ST-ZIP	CORAL GABLES-FL. 33134

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: *X. Pires* DATE: 2/13/98 984-785-7374

CR2E037 (10/97)