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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001213

1. Corporation Name

IGREJA ASSEMBLEIA DE DEUS EM POMPANO BEACH, INC.

Principal Place of Business

172 N POWERLINE RD
POMPANO BEACH FL 33064
US

Mailing Address

172 N POWERLINE RD
POMPANO BEACH FL 33064
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/11/1993 4. FEI Number 65-0394106 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

PIRES, FRANCISCO
4008 EASTRIDGE CIR
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRES, FRANCISCO	1.2 NAME	
STREET ADDRESS	4008 EASTRIDGE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33064	1.4 CITY-ST-ZIP	
TITLE	VDP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCELO, FERREIRA J	4.2 NAME	JOAQUIM DE ALMEIDA
STREET ADDRESS	3829 CORAL TREE CIRC	4.3 STREET ADDRESS	174 N. POWERLINE ROAD
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	POMPANO BEACH-FL 33069
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIMARAES, RONALDO	5.2 NAME	
STREET ADDRESS	8500 NW 35 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIEIRA, ROBERTO	6.2 NAME	
STREET ADDRESS	435 CORAL WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	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, with all other like empowered.

SIGNATURE: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 03/28/99

Date

X 954-7857374

Daytime Phone #

CR2E037 (1/98)