2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001213

FILED Mar 09, 2005 Secretary of State

Entity Name: IGREJA ASSEMBLEIA DE DEUS EM POMPANO BEACH, INC.

Current Principal Place of Business:					New Principal Place of Business:		
	/ERLINE RC BEACH, FL		US				
Current Mailing Address:					New Mailing Address:		
	/ERLINE RD BEACH, FL		US				
FEI Number:	65-0394106	FEI Nur	nber Applied For()	FEI Nun	nber Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of	Current F	Registered Agent:		Name and	Address of New Registered Agent:	
172 N POW	ANCISCO P /ERLINE RD BEACH, FL)	US				
The above in the State		submits t	his statement for the p	ourpose o	f changing it	s registered office or registered agent, or both,	
SIGNATUR	!E:						
	Electro	nic Signa	ture of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (PIRES, FRAN 172 N POWE POMPANO BE	RLINE RD	3069		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (DE ALMEIDA, 174 N POWE POMPANO BE	RLINE ROAI			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	AS (TEXIEIRA, EF 3828 NW 42 N POMPANO BE	NAY	3073		Title: Name: Address: City-St-Zip:	TD (X) Change () Addition TEXIEIRA, ERASMO 3828 NW 42 WAY POMPANO BEACH, FL 33073	
Title: Name: Address: City-St-Zip:	TD (PEREIRA, HIF 172 N POWEI POMPANO BE	RLINE ROAI			Title: Name: Address: City-St-Zip:	D (X) Change () Addition CLAUDIO, SILVA 172 N POWERLINE ROAD POMPANO BEACH, FL 33069	
Title: Name: Address: City-St-Zip:	D (BARSHIPSKI, 797 CRYSTAI POMPANO BE	LAKE DR	3064		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BARSHINSKI, JULIANO 172 N. POWERLINE ROAD POMPANO BEACH, FL 33069	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO PIRES PD 03/09/2005