

FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002133 (7)**

1. Corporation Name

CHURCH CEIFA, INC.



Principal Place of Business 1008 E SAMPLE RD POMPANO BEACH FL 33064	Mailing Address 1008 E SAMPLE RD POMPANO BEACH FL 33064
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/10/1993	
4. FEI Number 65-0480005	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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent DOS SANTOS, JOSE A 6345 NW 9TH ST MARGATE FL 33063
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10. Name and Address of New Registered Agent 81 Name ELIEL DE CARVALHO 82 Street Address (P.O. Box Number is Not Acceptable) 1910 EAST SAMPLE RD. 83 84 City POMPANO BEACH FL 85 Zip Code 33064
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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 *Eluel de Carvalho* DATE **05/17/1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DE CARVALHO, ELIEL	1.2 NAME	
STREET ADDRESS	10328 BOCA ENTRADA BLVD #123	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOS SANTOS, JOSE A	2.2 NAME	
STREET ADDRESS	6345 NW 9 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	3.1 TITLE	☒ Change ☒ Addition
NAME	PINTO, JOEL G	3.2 NAME	ITAMAR OLIVEIRA - LAST NAME
STREET ADDRESS	450 NW 20TH ST #309E	3.3 STREET ADDRESS	9270 S.W. 61ST WAY APT. C
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	SD ☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	JAYNE, DENISE	4.2 NAME	IVANEIDE CASTRO - LAST NAME
STREET ADDRESS	22559 SWORD FISH DR	4.3 STREET ADDRESS	450 N.W. 20TH ST. #309E
CITY-ST-ZIP	BOCA RATON FL 33428	4.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	TD ☒ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	VASCIMENTO, ROBERTO	5.2 NAME	PINTO, JOEL G
STREET ADDRESS	480 NE 30 ST #1A	5.3 STREET ADDRESS	450 N.W. 20TH ST. #309E
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *40111* DATE: **5/17/98** **954 784 7000**

CF2E037 (10/97)