

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001721 (9)

1. Corporation Name

NEW WINE FELLOWSHIP/COMUNIDADE EVANGELICA VINHO
NOVO, INC.



Principal Place of Business

140 NE 5TH AVE
DEERFIELD BEACH FL 33441

Mailing Address

140 NE 5TH AVE
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified

04/04/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 81 N.E. 3RD AVE.

26 5663 FOX HOLLOW DR

4. FEI Number

65-0472087

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

BRUM, PEDRO
140 NE 5TH AVE
DEERFIELD BEACH FL 33441

81 Name

BRUM PEDRO

82 Street Address (P.O. Box Number is Not Acceptable)

5663 FOX HOLLOW DR # C

83

84 City

BOCA RATON

FL

85

Zip Code

33486

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BRUM, PEDRO
STREET ADDRESS 599 W CONFERENCE DR
CITY-ST-ZIP BOCA RATON FL 33486

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME BRUM, PEDRO
1.3 STREET ADDRESS 5663 FOX HOLLOW DR # C
1.4 CITY-ST-ZIP BOCA RATON, FL - 33486

TITLE D ☐ DELETE
NAME DOS SANTOS, JOAO C
STREET ADDRESS 929 SPRING CIR #106
CITY-ST-ZIP DEERFIELD BEACH FL 33441

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ROCHA, PAULO A
STREET ADDRESS 3486 NW 47TH AVE
CITY-ST-ZIP COCONUT CREEK FK

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BERGMANN, FLAVIO V
STREET ADDRESS 4830 MARINES WAY #N
CITY-ST-ZIP COCONUT CREEK FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME SOARES EDUARDO
4.3 STREET ADDRESS 4403 NW 6TH AVE.
4.4 CITY-ST-ZIP POMPANO BEACH, FL - 33064

TITLE D ☐ DELETE
NAME DE SOUZA, ARMANDO
STREET ADDRESS 1501 NW 13TH ST #2
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

04/15/96 (407) 361 0985
Date Daytime Phone

CR2E037 (12/95)