

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**81 NE 3RD AVENUE
DEERFIELD BEACH FL 33441
US**

**5663 FOX HOLLOW DRIVE
UNIT C
BOCA RATON FL 33486
US**

3. Date Incorporated or Qualified

04/04/1994

4. FEI Number

65-0472087

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

1500 SE 3RD COURT

102

DEERFIELD BEACH, FL

33441

USA

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

10. Name and Address of New Registered Agent

**BRUM, PEDRO
5336 FOX HOLLOW DRIVE
UNIT C
BOCA RATON FL 33486**

81 Name

VAGNER QUADROS FERREIRA

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

1500 SE 3RD COURT #100

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33441

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 reappointing)

DATE

Vagner Quadros Ferreira

03/23/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUM, PEDRO	
STREET ADDRESS	5663 FOX HOLLOW DRIVE UNIT C	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROCHA, PAULO A	
STREET ADDRESS	3486 NW 47TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DE SOUZA, ARMANDO	
STREET ADDRESS	1501 NW 13TH ST #2	
CITY-ST-ZIP	BOCA RATON FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VAGNER QUADROS FERREIRA
1.3 STREET ADDRESS	1500 SE 3RD COURT #100
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Vagner Quadros Ferreira*

03/23/98

(934)4200051

CR2E037 (10/97)