

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002391 (0)**

1. Corporation Name

BRAZILIAN EVANGELICAL CHURCH, INC.

Principal Place of Business

**5303-A E COLONIAL DR
ORLANDO FL 32807**

Mailing Address

**5303-A E COLONIAL DR
ORLANDO FL 32807**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1994	3a. Date of Last Report 02/20/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3247813	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**NORBERTO, JEDAIAS L
5303-A E COLONIAL DR
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number Is Not Acceptable)
83. City
84. State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREIRA, JONATHAS D	1.2 NAME	
STREET ADDRESS	499 STATE ROAD 434, SUITE 1073/75	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORBERTO, JED	2.2 NAME	
STREET ADDRESS	3732 RUNNING DEER	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORGER, NILDA S	3.2 NAME	
STREET ADDRESS	2120 MO-HO DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLO, LILIAN	4.2 NAME	
STREET ADDRESS	1812 CONCORD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORBERTO, HELENA	5.2 NAME	
STREET ADDRESS	3732 RUNNING DEER	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 **000** SIGNATURE REQUIRED TO **08 76-97 4073821055**

CP2E037 (4/97)