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03-04-1999 90093 027 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002391

1. Corporation Name

BRAZILIAN EVANGELICAL CHURCH, INC.

Principal Place of Business
4700 LINCOLN AVENUE
ORLANDO FL 32819
US

Mailing Address
3732 RUNNING DEER DRIVE
ORLANDO FL 32829
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/09/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3247813

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **PORTO, WESLEY G**
STREET ADDRESS **2123 S KIRKMAN RD, #161**
CITY-ST-ZIP **ORLANDO FL 32811**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **NORBERTO, JED**
STREET ADDRESS **3732 RUNNING DEER**
CITY-ST-ZIP **ORLANDO FL 32829**

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

TITLE **SD** ☐ DELETE
NAME **PORTO, WESLEY G**
STREET ADDRESS **2123 S KIRKMAN RD, #161**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE **VPD** ☐ DELETE
NAME **GAMA, JR DAVI**
STREET ADDRESS **4117 WELLINGTON CIRCLE, #201**
CITY-ST-ZIP **KISSIMEE FL 34741**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **NORBERTO, HELENA**
STREET ADDRESS **3732 RUNNING DEER**
CITY-ST-ZIP **ORLANDO FL 32829**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-99 407382-1055

Date

Daytime Phone #

CR2E037 (1/98)