## 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

1. Enlity Name BRAZILIAN PRESBYTERIAN CHURCH OF FORT LAUDERDALE, INC.				04 AUG 11 AM 8: 00			
Principal Place 512 N.E. 26	e of Business	Mailing Address 512 N.E. 26TH ST. FT. LAUDERDALE, FL 33	305		- 30		
4		ŕ		 			
		3. Mailing Address					
Suite, Apt. #, etc.		PoBox 970277  Suite, Apt. #, etc.		07092004 Chg-NP	CR2E037 (10/03)	mas	
City & State		City & State		4. FEI Number		polied For	
		COCONUT CREEK FL		65-0515996	N	lot Applicable	
Zip	Country	33097	Country USA	5. Certificate of Status Desired	S \$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New	Registered Agent		
AVELAR, N			<u></u>	o (B.O. Roy Number is Not Accepte	(hlo)	-	
13355 SW 16TH CT #109 HOLLYWOOD, FL "33027			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
					7:- 0:-	<del></del>	
	named entity submits this statement for		City	_ <u> </u>	FL Zip Co.		
SIGNATURE :	Signature, typed or printed name of registered and a	9. Election Camp		\$5.00 May Be	DATE  Make check payable lorida Department of S		
10.	OFFICERS AND DIR		11.	Added to Fees Financial Additions/Changes TO OFFIC	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVELAR, VALDOMRIO 13355 SW 16TH CT #109 HOLLYWOOD, FL 33027	Delete	NAME STREET ADDRESS 34	STOR IEL P. ASSIS 20 W HILLS BORD BU ONUT CREEK FL 3	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASSANUMA, LAURA 345 NE 15TH AVE FORT LAUDERDALE, FL 33334	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	500040 08/30/04010	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBEIRO, PAULO MARTINS 1120 NE 9TH AVE, APT. 19 FORT LAUDERDALE, FL 33304	☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVEIRA, DJALMA MATHEWS 1032 NE 10TH AVE FORT LAUDERDALE, FL 33304	☐ Deletic	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
12. I hereby of indicated of the conchanged	certify that the information supplied with ton this report or supplemental report is proration of the eceiver or trustee empt, or on an attagnment with an address.	this filing does not qualify for to true and accyrate and that my owered to execute this report a with all other like empowered.	Mula	Section 119.07(3)(i), Florida Statule le same legal effect as if made und 117, Florida Statutes; and that my na 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1000/101	information er or director or Block 11 if	