


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90470 046 ****61.25

DOCUMENT # N94000004350	
1. Entity Name BRAZILIAN PRESBYTERIAN CHURCH OF FORT LAUDERDALE, INC.	

Principal Place of Business 512 N.E. 26TH ST. FT. LAUDERDALE FL 33305	Mailing Address PO BOX 970277 COCONUT CREEK FL 33097
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2. Principal Place of Business 2251 RIVERSIDE DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State CORAL SPRINGS, FLA	City & State
Zip 33065 Country BROWARD	Zip Country

1st MOORE CR2E037 (10/04)

4. FEI Number 65-0515996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AVELAR, VALOMIM 13355 SW 16TH CT #109 HOLLYWOOD FL 33027	7. Name and Address of New Registered Agent Name ELIEL P. ASSIS Street Address (P.O. Box Number is Not Acceptable) 3420 W HILLSBORO BLVD AP 207 City COCONUT CREEK FL Zip Code 33073
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **4/26/2005**

FILE NOW: FEE IS \$61.25 Due By May 1, 2005.	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVELAR, VALDOMRIO 13355 SW 16TH CT #109 HOLLYWOOD FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASSANUMA, LAURA 345 NE 15TH AVE FORT LAUDERDALE FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBEIRO, PAULO MARTINS 1120 NE 9TH AVE, APT. 19 FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVEIRA, DJALMA MATHEWS 1032 NE 10TH AVE FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASSIS, ELIEL P 3420 W HILLSBORO BLVD AP #207 COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/26/2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #