

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004362

1. Entity Name

BRAZILIAN PRESBYTERIAN CHURCH OF KENDALL, INC.



Principal Place of Business

12126 SW 131 AVE
MIAMI, FL 33186

Mailing Address

12126 SW 131 AVE
MIAMI, FL 33186



01202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0515997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERREZ, RUBENS F
11240 SW 157 STREET
MIAMI, FL 33157

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution... ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FERRAZ, RUBENO F
STREET ADDRESS 11240 SW 157 STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE T
NAME WILLIAM, HOYER
STREET ADDRESS 12741 SW 119 ST
CITY-ST-ZIP MIAMI, FL 33136

TITLE S
NAME DASILVA, REGIANE
STREET ADDRESS 5275 SW 77 CT #H-203
CITY-ST-ZIP MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000204159
01/29/05-80059-010 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Rubens Ferreira Ferraz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBENS FERREIRA FERRAZ

01.27.05
Date

305-278-7098
Daytime Phone #