FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N94000004868 (5)

FIRST BRAZILIAN BAPTIST CHURCH OF SOUTH FLORIDA, INC.

FILED May 07 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			FINI OBBITA DOLFA BIBLO FAFILL BILLE FOR FOR
1101 NE 33RD ST. POMPANO BEACH FL 33064 POMPANO BEACH FL 33064			-5226		
				3. Date Incorporated or Qualified 10/03/1994	3a. Date of Last Report 02/26/1996
<u>├</u> ┐		2a. Mailing Address		4. FEI Number Applied For	
		Suite, Apt. #, etc.		00 0002000	Not Applicable
22 27		⊢		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		E Floring Compaign Financias	***************************************
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιp	Country	Zip	Country	8. This corporation has liability for in	/10000101000
24	25	29	10		Yes No
	9. Name and Address of Curren	l Registered Agent		10. Name and Address of New Reg	Istered Agent
			81 Name)	
REZENDE, MARCOS			82 Stree	t Address (P.O. Box Number is Not Acceptabl	0)
1101 NE 33RD ST.			31100	r Address (F.O. box Noniber is Not Acceptable	θ)
POMPANO BEACH FL 33064			83		
			44 00	······································	
			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 Fiorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
office or registered agent, or both, in the State of Fiorida. 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 ager			re required when rainstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	REZENDE, MARCOS	☐ DELETE	1.5 TITLE		☐ Change ☐ Addition
NAME	4953 E. LAKES DR.		1.2 NAME		
STREET ADDRESS	POMPANO BEACH FL 33064		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	TOMPANO DEACH PL 33004	PELETE	1.4 CITY-ST-ZIP		
TITLE	VALVEDDE IAIDO	L DELETE	2.1 TITLE		Change
NAME	VALVERDE, JAIRO		2.2 NAME		i
STREET ADDRESS	843 RICH DR. #203		2.9 STREET ADDRESS		
CITY-S1-ZIP	DEERFIELD BEACH FL	T oriest	2. 4 CITY-ST-ZIP		
TITLE	DECAC MADOOC ALEANO	☐ DELETE	3.1 TITLE		Change Addition
NAME	PEGAS, MARCOS ALFANO 1101 NE 33RD STREET		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL D	PRINTE	3.4. CITY-ST-ZIP		
TITLE	-	☐ DELETE	4.1 TITLE		Change Addition
NAME	BOHRER, CLAUDIA		4. 2 NAME		
STREET ADDRESS	2731 N ANDREWS #B8		4.3 STREET ADDRESS		
CITY-S1-ZIP	FT. LAUDERDALE FL	T prietr	4.4 CITY-ST-ZIP		
TITLE	D CALLINA MANDIDA	DELETE	5.1 TITLE		Change Addition
NAME	SALUM, MAHIBA		5.2 NAME		
STREET ADDRESS	970 NE 36TH ST		5.3 STREET ADDRESS		
CiTY-ST-ZiP	FT LAUDERDALE FL	T nevere	5.4 CITY-ST-ZIP	1	
TITLE		☐ DELETE	6.1 TITLE	ALCX FIGURACOO 523 TIVOLI TRACES OCCUPIELO ATAM 53	Change Addition
NAME			62 NAME	523 TIVOLI TRAKE,	1204
STREET ADDRESS			6.3 STREET ADDRESS	NEWSTER MENU 33	: 44)
CITY-ST-ZiP			6.4 CiTY-ST-ZIP	1 NONETO STATE	

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 of 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 of 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 phanged, or on an attachment with an apprecia.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SOMING OFFICER OR DIRECTOR

04/21/9

(954)427-3735