


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13, 1999 8:00 am
Secretary of State

03-13-1999 90008 001 ****61.25

03-13-1999 90008 002 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004868					
1. Corporation Name FIRST BRAZILIAN BAPTIST CHURCH OF SOUTH FLORIDA, INC.					
Principal Place of Business 1101 NE 33RD ST. POMPANO BEACH FL 33064			Mailing Address 1101 NE 33RD ST. POMPANO BEACH FL 33064		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/03/1994 4. FEI Number 65-0532888 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent REZENDE, MARCOS 1101 NE 33RD ST. POMPANO BEACH FL 33064				10. Name and Address of New Registered Agent 81 Name SILAIR C. ALMEIDA 82 Street Address (P.O. Box Number is Not Acceptable) 2372 NW 34 RD 83 84 City COCONUT CREEK FL 85 Zip Code 33066	

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

02/28/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REZENDE, MARCOS			1.2 NAME	SILAIR C. ALMEIDA		
STREET ADDRESS	4953 E. LAKES DR.			1.3 STREET ADDRESS	2372 N. W 34TH RD		
CITY-ST-ZIP	POMPANO BEACH FL 33064			1.4 CITY-ST-ZIP	COCONUT CREEK - FL 33066		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALVERDE, JAIRO			2.2 NAME			
STREET ADDRESS	843 RICH DR. #203			2.3 STREET ADDRESS	6550 BOMERSET DR # 202		
CITY-ST-ZIP	DEERFIELD BEACH FL			2.4 CITY-ST-ZIP	BOCA RATON - FL 33433		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSE H MANGUR AGUIAR			3.2 NAME			
STREET ADDRESS	910 SW 21ST ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOHRER, CLAUDIA			4.2 NAME			
STREET ADDRESS	2731 N ANDREWS #B8			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALUM, MAHIBA			5.2 NAME			
STREET ADDRESS	970 NE 36TH ST			5.3 STREET ADDRESS	3103 NW 3RD AVE #4		
CITY-ST-ZIP	FT LAUDERDALE FL			5.4 CITY-ST-ZIP	POMPANO BEACH - FL 33060		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIGUEIREDO, ALEX			6.2 NAME			
STREET ADDRESS	523 TIVOLI TRACE, #204			6.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL - 33441			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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

02/28/99 (954) 783-0119

CR2E037 (1/198)