

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002882 (6)**  
1. Corporation Name

**IGREJA EVANGELICA MISSIONARIA EL-SHADDAI, INC.**



Principal Place of Business <b>17070 COLLINS AVE. SUITE 262 SUNNY ISLES FL 33160</b>	Mailing Address <b>17070 COLLINS AVE. SUITE 262 SUNNY ISLES FL 33160</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/31/1996</b>	
4. FEI Number <b>65-0670170</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BERGSTEN, NILS G 400 KINGS POINT DR #1409 NORTH MIAMI BEACH FL 33160</b>
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10. Name and Address of New Registered Agent 81 Name <b>REV. GILBERTO DA CRUZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>610 S. PARK ROAD APT 1- 22</b> 83 <b>HOLLYWOOD- FLORIDA</b> 84 City <b>HOLLYWOOD</b> <b>FL</b> 85 Zip Code <b>33021</b>
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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 GILBERTO DA CRUZ DATE 1/29/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	DA CRUZ, GILBERTO G
STREET ADDRESS	2850 N.W. 55TH AVE., #2B
CITY-ST-ZIP	LAUDERHILL FL 33313
TITLE	SD <input type="checkbox"/> DELETE
NAME	KELLEY, GORETE M
STREET ADDRESS	411 POINCIANA ISL DR
CITY-ST-ZIP	SUNNY ISLES FL 33160
TITLE	TD <input type="checkbox"/> DELETE
NAME	NASCIMENTO, DERMEVAL
STREET ADDRESS	9390 EAST BAY HARBOUR DR #3
CITY-ST-ZIP	BAY HARBOUR ISLANDS FL 33154
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REV. GILBERTO DA CRUZ
1.3 STREET ADDRESS	610 S. PARK ROAD APT 1-22
1.4 CITY-ST-ZIP	HOLLYWOOD-FL 33021
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(i), 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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/98  
Date

1954986-1034  
Daytime Phone # 0031535

CR2E037 (10/97)