

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90017 007 \*\*\*\*70.00

DOCUMENT # N97000002288

1. Corporation Name

ASSEMBLY OF GOD NEW LIFE CORPORATION

Principal Place of Business

901 E MACNAB ROAD  
POMPANO BEACH FL 33060

Mailing Address

901 E MACNAB ROAD  
POMPANO BEACH FL 33060



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

30

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

65-0741132

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DA ROSA, NOE F REV.  
3963-F COCOPLUM CIRCLE  
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name

Da Rosa, Noe F. Rev.

82 Street Address (P.O. Box Number is Not Acceptable)

83

1392 Seaview Drive

84 City

North Lauderdale

FL

85 Zip Code  
33068

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

03/18/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D  
NAME DE ROSA, NOE F REV.  
STREET ADDRESS 3963-F COCOPLUM CIRCLE  
CITY-ST-ZIP COCONUT CREEK FL 33063  
☐ DELETE

TITLE T/D  
NAME SILVA, CLAUDIO CESAR  
STREET ADDRESS 1913 NE 2ND ST., APT. #1  
CITY-ST-ZIP POMPANO BEACH FL 33060  
☒ DELETE

TITLE T/D  
NAME DE SILVA SOARES, LEVI  
STREET ADDRESS 5710 LAKESIDE DR., APT. #714  
CITY-ST-ZIP MARGATE FL 33063  
☐ DELETE

TITLE S/D  
NAME RAMOS, ALESSANDRO  
STREET ADDRESS 3963-F COCOPLUM CIRCLE  
CITY-ST-ZIP COCONUT CREEK FL 33063  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

T/D  
Barbosa, Luiz Carlos  
4964 NW 92nd Ave  
Sunrise, FL 33351

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/99 (954)974-3136

Date

Daytime Phone #

CR2F037 (11/98)