

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004356

1. Entity Name
FIRST BRAZILIAN BAPTIST CHURCH OF GREATER
MIAMI, INC.



Principal Place of Business
370 GRAND CONCOURSE
MIAMI SHORES, FL 33138

Mailing Address
370 GRAND CONCOURSE
MIAMI SHORES, FL 33138



03302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0775356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEIVA, J. DAME
370 GRAND CONCOURSE
MIAMI, FL 33138

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000110681
04/12/04-80092-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANTOS, MARIA LUISA
STREET ADDRESS	14921 NE SPOUR DRIVE
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33161
TITLE	D
NAME	DE JESUS, RAIMUNDA
STREET ADDRESS	2025 NE 164 ST., APT 716
CITY - ST - ZIP	MIAMI, FL 33162
TITLE	PD
NAME	NEIVA, J. DAVI
STREET ADDRESS	370 GRAND CONCOURSE
CITY - ST - ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 prepare 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/04 (205) 756-8871
Date Daytime Phone #