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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004958 (1)**

1. Corporation Name

BRAZILIAN CHURCH AGE OF GRACE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**609 BRICKELL AVE
MIAMI FL**

**609 BRICKELL AVE
MIAMI FL**

2. Principal Place of Business

2a. Mailing Address

21 9393 SUNSET DRIVE

26 P.O. BOX 832525

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FL. 33123

28 MIAMI FL 332832525

Zip

Country

Zip

Country

24 33123

25 U.S.A

29 33283-2525

30 U.S.A

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/03/1997

4. FEI Number

65-0782068

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**HAMMONS, FOY H
2701 SO BAYSHORE DRIVE SUITE 606
COCONUT GROVE FL 33133**

81 Name

MARIA JOSE MELLO

82

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

7233 S.W 113 COURT CIRC

83

84 City

MIAMI

FL

85 Zip Code

33173

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 **MARIA JOSE MELO**

(NOTE: Registered Agent signature required when reinstating)

Maria Jose Melo

4/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MELO, LUIZ CARLOS	
STREET ADDRESS	7233 SW 113 CT CIRCLE	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MELO, MARIA J	
STREET ADDRESS	7233 SW 113 CT CIRCLE	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	PACHECO, TANIA	
STREET ADDRESS	365 NW 85 CT APT 4	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SILVEIRA, FERNANDO	
STREET ADDRESS	7233 SW 113 CT CIRCLE	
CITY-ST-ZIP	MIAMI FL 33173	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Addition
4.2 NAME	DT
4.3 STREET ADDRESS	HERCULES PIMENTA
4.4 CITY-ST-ZIP	1627 BRICKELL AVE. MIAMI, FL. 33129

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:

Maria Jose Melo

4/27/98

(305) 273-3934

CR2E037 (10/97)