

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 02, 1999 8:00 am
Secretary of State

03-02-1999 90087 003 ****61.25

0026861

DOCUMENT # N98000006611

1. Corporation Name

LUSO PENTECOSTAL AMERICAN CHURCH ASSEMBLY OF GOD
, INC.

Principal Place of Business

916 MAGNOLIA AVENUE
NORTH LAUDERDALE FL 33068

Mailing Address

916 MAGNOLIA AVENUE
NORTH LAUDERDALE FL 33068



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/20/1998

4. FEI Number

APPLIED FOR

☒ 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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

JULIANA FRANCA

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

3461 N. Federal Hwy

83

84 City

Compano Beach FL

85 Zip Code

33064

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

Juliana Franca

(NOTE: Registered Agent signature required when reinstating)

DATE 1/6/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
DA SILVA, NOE M
STREET ADDRESS 916 MAGNOLIA AVENUE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ DELETE

NAME VD
DA SILVA, JOEL M
STREET ADDRESS 916 MAGNOLIA AVENUE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ DELETE

NAME SD
DA SILVA, ROSANGELA A
STREET ADDRESS 916 MAGNOLIA AVENUE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ DELETE

NAME T
DA SILVA, OSELAS A
STREET ADDRESS 916 MAGNOLIA AVENUE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ DELETE

NAME T
DA SILVA, DANIEL A
STREET ADDRESS 916 MAGNOLIA AVENUE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DA SILVA, OSEIAS
916 MAGNOLIA AVENUE
NORTH LAUDERDALE - FL 33068

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Noe Silva*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 (954) 786-7180

CR2E037 (11/98)