

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90310 041 \*\*\*\*61.25

**DOCUMENT # N99000005078**

1. Entity Name  
**CHRISTIAN LOVE FELLOWSHIP BRAZILIAN MINISTRY,  
INC.**



Principal Place of Business  
**747 S FEDERAL HWY  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**747 S FEDERAL HWY  
DEERFIELD BEACH, FL 33441**

**50043860**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0943289**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DA SILVA, ULISSES A  
224 SE 9 AVE #9  
DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent

Name **ULISSES A. DA SILVA**

Street Address (P.O. Box Number is Not Acceptable)  
**2235 SW 66 AVE.**

**BOCA RATON**

**33428**

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **ALVES DA SILVA, ULISSES**  
STREET ADDRESS **22358 SW 66 AVE**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **VD** ☒ Delete  
NAME **GOMES, FERNANDO**  
STREET ADDRESS **1288 SE 17 ST**  
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **DS** ☐ Delete  
NAME **DA SILVA DANIELSE, RODRIGUES**  
STREET ADDRESS **428 SE 11ST #A 103**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE **VT** ☐ Delete  
NAME **ALVES, HILDA**  
STREET ADDRESS **22358 SW 66 AVE**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **DT** ☐ Delete  
NAME **DA SILVA SILVANEI, RODRIGUES**  
STREET ADDRESS **428-SE 11ST #103**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 execute 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:

**Ulisses Alves da Silva** **ULISSES ALVES DA SILVA** **04-21-05** **561-8522298**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #