

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007205

**Entity Name:** ASSEMBLEIA DE DEUS NO SUL DA FLORIDA - MINISTERIO MADUREIRA, INC.

**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC7531358452**

**Current Principal Place of Business:**

4651 N STATE ROAD 7  
SUITE 5 - 6  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4651 N STATE ROAD 7  
SUITE 5 - 6  
COCONUT CREEK, FL 33073

**FEI Number: 27-0617368**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALMEIDA, JOAQUIM  
7153 NW 45TH AVE  
COCONUT CREEK, FL 33073 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ALMEIDA, JOAQUIM  
Address 7153 NW 45TH AVE  
City-State-Zip: COCONUT CREEK FL 33073

Title VP  
Name ALMEIDA, SERGIO F  
Address 5671 NW 40TH TERRACE  
City-State-Zip: COCONUT CREEK FL 33073

Title TREASURER  
Name ALMEIDA, SIRLEY A  
Address 7153 NW 45TH AVENUE  
City-State-Zip: COCONUT CREEK FL 33073

Title SECRETARY  
Name TEIXEIRA, PATRICIA  
Address 4651 N. STATE RD 7, STE 5  
City-State-Zip: COCONUT CREEK FL 33073

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOAQUIM ALMEIDA**

**P**

**03/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date