

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004868

Entity Name: FIRST BRAZILIAN BAPTIST CHURCH OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**1103 NE 33RD ST.
POMPANO BEACH, FL 33064**Current Mailing Address:**1103 NE 33RD ST.
POMPANO BEACH, FL 33064**FEI Number:** 65-0532888**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALMEIDA, SILAIR
2378 NW 34 RD
COCONUT CREEK, FL 33066 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 | PR |
| Name | ALMEIDA, SILAIR |
| Address | 2378 NW 34TH RD |
| City-State-Zip: | COCONUT CREEK FL 33066 |

| | |
|-----------------|------------------------|
| Title | DIRECTOR |
| Name | ESTEVES, MARCO ANTONIO |
| Address | 3138 N. OASIS DR. |
| City-State-Zip: | BOYNTON BEACH FL 33426 |

| | |
|-----------------|---------------------|
| Title | DIRECTOR |
| Name | PEREIRA, GILBERTO |
| Address | 23135 SW 55TH AVE. |
| City-State-Zip: | BOCA RATON FL 33433 |

| | |
|-----------------|------------------------|
| Title | DIRECTOR |
| Name | LADEIA, NEY SILVA |
| Address | 2302 NW 37TH AVE. |
| City-State-Zip: | COCONUT CREEK FL 33066 |

| | |
|-----------------|-----------------------------|
| Title | DIRECTOR |
| Name | FONSECA, ROSIMERI DIAS |
| Address | 3753 CARAMBOLA CIRCLE NORTH |
| City-State-Zip: | COCONUT CREEK FL 33066 |

| | |
|-----------------|----------------------------|
| Title | DIRECTOR |
| Name | CARVALHO, LUIZ PAULO |
| Address | 9091 SW 21ST ST. UNIT C |
| City-State-Zip: | BOCA RATON FL 33428 |

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: SILAIR ALMEIDA**PRESIDENT****02/04/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date