

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000002960

**Entity Name:** PENTECOSTAL CHURCH, GOD IS LOVE, INC.

**FILED**  
**Feb 21, 2022**  
**Secretary of State**  
**4942805268CC**

**Current Principal Place of Business:**

3959 NORTH FEDERAL HIGHWAY  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

3959 NORTH FEDERAL HIGHWAY  
POMPANO BEACH, FL 33064

**FEI Number: 04-3096561**

**Certificate of Status Desired: No**

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

RODRIGUES, MARIA CELIA  
3959 NORTH FEDERAL HIGHWAY  
POMPANO BEACH, FL 33064 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: MARIA CELIA RODRIGUES**

**02/21/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DE MIRANDA, ERENI OLIVEIRA  
Address RUA VERGUEIRO 2045  
City-State-Zip: SÃO PAULO

Title VP  
Name DE ALMEIDA, LOURIVAL  
Address 1124 S.W. 149TH TERRACE  
City-State-Zip: SUNRISE FL 33326

Title T  
Name DE MIRANDA, DEBORA O  
Address 1124 S.W. 149TH TERRACE  
City-State-Zip: SUNRISE FL 33326

Title SECRETARY  
Name RODRIGUES, MARIA CELIA  
Address 4441 N. FEDERAL HWY, STE 311  
City-State-Zip: POMPANO BEACH FL 33064

Title ASST. SECRETARY  
Name ALMEIDA, ELIJAH  
Address 49 WASHINGTON STREET, APT. 2015  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR  
Name DEMIRANDA, ERENI OLIVEIRA  
Address RUA VERGUEIRA 2045  
City-State-Zip: SAO PAULO BRAZIL

Title DIRECTOR  
Name DE ALMEIDA, LOURIVAL  
Address 1124 S.W. 149TH TERRACE  
City-State-Zip: SUNRISE FL 33326

Title DIRECTOR  
Name DE MIRANDA, DEBORA O  
Address 1124 S. W. 149TH TERRACE  
City-State-Zip: SUNRISE FL 33326

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*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: ELIJAH ALMEIDA**

**DIRECTOR**

**02/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RODRIGUES, MARIA CELIA  
Address        4441 N. FEDERAL HWY, STE 311  
City-State-Zip:  POMPANO BEACH FL 33064

Title           DIRECTOR  
Name           ALMEIDA, ELIJAH  
Address        49 WASHINGTON STREET, APT. 2015  
City-State-Zip:  HOLLYWOOD FL 33021