


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000000553 1. Entity Name SHALOM BAPTIST CHURCH INC.	
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Principal Place of Business 13800 N E 11TH AVENUE MIAMI, FL 33161	Mailing Address 13800 N E 11TH AVENUE MIAMI, FL 33161
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05032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0404514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONCOEUR, JERRY
 13800 N E 11TH AVENUE
 MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONCOEUR, JERRY 13800 N E 11TH AVENUE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MONCOEUR, GHINELLE 13800 N E 11TH AVENUE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAGUERRE, MICHEL JR 301 NE 172ND STREET N, MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LYDECANA, RAYNOLD 1120 N E 81ST STREET BAY SHORE, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

400000157592
 05/06/04-80039-003 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____ DATE: 05/04/04 (845) 899-8540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #