

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011485

FILED
May 02, 2008
Secretary of State

Entity Name: SALEM EVANGELICAL GROUP, INC.

Current Principal Place of Business:

5804 STRAWBERRY LAKES CIRC.
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

5804 STRAWBERRY LAKES CIRC.
GREENACRES, FL 33463

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLEURIMOND, PAQUIS
3755 MIL-LAKE CT.
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JACQUES, RICOT
Address: 2878 DONNELLY DR.
City-St-Zip: LAKE WORTH, FL 33462

Title: DV () Delete
Name: BRETON, NADIA
Address: 5804 STRAWBERRY LAKES CIRC.
City-St-Zip: LAKE WORTH, FL 33463

Title: S () Delete
Name: DAY, JINIA
Address: 4775 CHARIOT CIR.
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: FLEURME, FRANEL
Address: 315 WALNUT ST.
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: ALCIUS, SANDIE
Address: 1802 MONTAQUE ST.
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: FLEURIMOND, PAQUIS
Address: 3755 MIL-LAKE CT.
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DAY, JINIA
Address: 4688 LUCERNE LAKES BLVD APT. 202
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PRINCE, SHERLIE
Address: 2197 A WHITE PINE CIRC.
City-St-Zip: GREENACRES, FL 33415

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAQUIS FLEURIMOND

D

05/02/2008

Electronic Signature of Signing Officer or Director

Date