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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005190 (2)

1. Corporation Name

SALEM MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business

**12600 N.W. 4TH AVE.
MIAMI FL**

Mailing Address

**C/O REV. EDNOLD OUTTEN
3950 N.W. 188TH ST.
MIAMI FL 33055-2744**

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report
09/20/1996

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt #, etc

26
Suite, Apt #, etc

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Zip Country

29
Zip Country

4. FEI Number

65-0621175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**OUTTEN, EDNOLD H
3950 N.W. 188TH ST.
MIAMI FL 33055**

10. Name and Address of New Registered Agent

81 Name

REV. EDNOLD H. OUTTEN

82 Street Address (P.O. Box Number is Not Acceptable)

3950 NW 188 ST

83

MIAMI FL, 33055

84 City

FL

85 Zip Code

33055

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

*SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **OUTTEN, EDNOLD H**
STREET ADDRESS **3950 N.W. 188 ST**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **T** ☐ DELETE
NAME **ADAMS, DENZIL**
STREET ADDRESS **20353 N.W. 39TH COURT**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **ST** ☐ DELETE
NAME **SMITH, MARGARET**
STREET ADDRESS **146 N.E. 188 ST**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ DELETE
NAME **MARGARET SMITH**
STREET ADDRESS **20602 NW 22nd Ct**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ DELETE
NAME **Lucy Johnson**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME **Lucy Johnson**
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **OUTTEN, EDNOLD H**
1.3 STREET ADDRESS **3950 N.W. 188 ST**
1.4 CITY-ST-ZIP **MIAMI FL 33055**

2.1 TITLE **PATRICIA** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **ST** ☐ Change ☐ Addition
3.2 NAME **SMITH MARGARET**
3.3 STREET ADDRESS **20602 NW 22nd Ct.**
3.4 CITY-ST-ZIP **MIAMI FL 33056**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

Daytime Phone # 0025044

CR2E037 (9/96)