

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000000553

1. Entity Name  
SHALOM BAPTIST CHURCH INC.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 AUG 24 AM 9:29

Principal Place of Business  
13800 N E 11TH AVENUE  
MIAMI, FL 33161

Mailing Address  
13800 N E 11TH AVENUE  
MIAMI, FL 33161

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08212009 REIN-NP

CR2E099 (1/07)

4. FEI Number  
03-0404514

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MONCOEUR, JERRY  
STREET ADDRESS 13800 N E 11TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33161 ☐ Delete

TITLE VD  
NAME MONCOEUR, GHINELLE  
STREET ADDRESS 13800 N E 11TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33161 ☐ Delete

TITLE TD  
NAME JEAN, SAINSURIN  
STREET ADDRESS 888 NE126 STREET SUITE 202  
CITY-ST-ZIP N. MIAMI, FL 33161 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY MONCOEUR

08/24/09

305-899-8540

Daytime Phone #

REINSTATEMENT 08-09 KS