

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011460

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC6384268182**

**Entity Name:** CHURCH OF GOD SALEM, INC.

**Current Principal Place of Business:**

309 REOMENA CT.  
ORLANDO, FL 32809

**Current Mailing Address:**

309 REOMENA CT.  
ORLANDO, FL 32809

**FEI Number:** 46-2800276

**Certificate of Status Desired:** No

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

DERA, CLAUDECE  
309 REOMENA CT.  
ORLANDO, FL 32809 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DERA, CLAUDE  
Address 309 RIOMENA CT  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name ETIENNE, JEAN D  
Address 918 ORWELL AVE.  
City-State-Zip: ORLANDO FL 32809

Title T  
Name VICTOR, DANEX  
Address 2037 RIVERTREE CIR. APT. 302  
City-State-Zip: ORLANDO FL 32839

Title C  
Name THOMAS, DANIEL  
Address 5714 STARBRIGHT RD.  
City-State-Zip: ORLANDO FL 32839

Title TRES  
Name NOVEMBRE, FABIEN  
Address 5340 MILLENIA BLVD. # 1243  
City-State-Zip: ORLANDO FL 32839

Title SEC  
Name NOVEMBRE, DIEUNET  
Address 1313 44TH STREET  
City-State-Zip: ORLANDO FL 32839

*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:** CLAUDE DERA

**PRESIDENT**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date