

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002382

Entity Name: SALEM ADVENTIST COMMUNITY CHURCH INC**Current Principal Place of Business:**1200 NORTHEAST 135TH STREET
MIAMI, FL 33161**Current Mailing Address:**1200 NORTHEAST 135TH STREET
MIAMI, FL 33161 US**FEI Number: 81-0945798****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LECONTE, SCHILLER
1200 NORTHEAST 135TH STREET
MIAMI, FL 33161 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:** SCHILLER LECONTE**04/23/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SCHILLER, LECONTE
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

Title COUNSELOR
Name CELESTIN, YVON
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

Title MEMBER
Name DOUYON, ROSE-MARIE
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

Title MEMBER
Name BATHELEMY, NIRVA
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

Title SECRETARY
Name YVROSE, LOUISDHON
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

Title COUNSELOR
Name SIMPLICE, EDDY
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

Title MEMBER
Name ETIENNE, GUYRLAINE
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

Title MEMBER
Name DENIS, ALEXISE L
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

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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: SCHILLER LECONTE**PRESIDENT****04/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEMBER
Name DENIS, MAGALIE
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

Title MEMBER
Name SAMSON, BANABAS
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

Title MEMBER
Name JEAN-FRANCOIS, JACQUES
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

Title MEMBER
Name BARTHELEMY, ODETTE
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161

Title MEMBER
Name SAINT-FLEUR, MARIE-YOLENE
Address 1200 NORTHEAST 135TH STREET
City-State-Zip: MIAMI FL 33161