

**2018 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:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PONTHIEUX, RONY S  
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:** RONY S PONTHIEUX

04/15/2018

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            VICE PRESIDENT  
Name           JOHNNY, CASIMIR  
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            TREASURER  
Name           PIERRE, JACQUES FAROL  
Address        1200 NORTHEAST 135TH STREET  
City-State-Zip: MIAMI FL 33161

Title            CHAIRMAN, DIRECTOR  
Name           PIERRE-LOUIS, JONACIN  
Address        1200 NORTHEAST 135TH STREET  
City-State-Zip: MIAMI FL 33161

Title            VICE CHAIRMAN, DIRECTOR  
Name           VINCENT, NEHEMI DANIEL  
Address        1200 NORTHEAST 135TH STREET  
City-State-Zip: MIAMI FL 33161

Title            DIRECTOR  
Name           MERVIL, CLODY  
Address        1200 NORTHEAST 135TH STREET  
City-State-Zip: MIAMI FL 33161

*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:** JACQUES F PIERRE

TREASURER

04/15/2018

Electronic Signature of Signing Officer/Director Detail

Date