

**2020 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

09/08/2020

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            COUNSELOR  
Name           CELESTIN, YVON  
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           DOUYON, ROSE-MARIE  
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           SALOMOM, LELIA  
Address        1200 NORTHEAST 135TH STREET  
City-State-Zip: MIAMI FL 33161

**Continues on page 2**

*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

09/08/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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 DENIS, ALEXISE L  
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

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