

2017 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:** APPLIED FOR**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

Title	SECRETARY
Name	ETIENNE, GUYRLAINE D
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	LECONTE, SCHILLER
Address	1200 NORTHEAST 135TH STREET
City-State-Zip:	MIAMI FL 33161

Title	DIRECTOR
Name	VINCENT, NEHEMI DANIEL
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: JOHNNY CASIMIR**PRES****05/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date