


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5. **FILED**
Jun 27, 2008 8:00 am
Secretary of State

05-28-2008 90013 004 ****61.25

DOCUMENT # N00000001581					
1. Entity Name EVANGELICAL CHURCH OF SALEM, INCORPORATED					
Principal Place of Business 6041 B KIMBERLY BLVD MARGATE, FL 33068			Mailing Address 1429 N.E. 2ND AVE FORT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1011135	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEBROSSE, MARTINO, REV 1429 N.E. 2ND AVE FORT LAUDERDALE, FL 33304			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEBROSSE, MARTINO REV		NAME		
STREET ADDRESS	1429 N.E. 2ND AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEBROSSE, PENINA		NAME		
STREET ADDRESS	1429 N.E. 2 AVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESTREVOL, ROSE LYNE		NAME		
STREET ADDRESS	6801 NW 7 CT		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33061		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>MARTINO DeBrosse</u>			Date: <u>06/19/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

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