2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNA

SIGNATURE:

9/10/2003-90067-035-\$61.25-\$61.25 DOCUMENT # N0200000553 03 SEP 22 PM 12: 51 1. Entity Name SHALOM BAPTIST CHURCH INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 13800 N E 11TH AVENUE 13800 N E 11TH AVENUE MIAMI FL 33161 MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TI CHECK HERE IF MAKING CHANGES City & State City & State Applied For 03-0404514 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name MONCOEUR, JERRY Street Address (P.O. Box Number is Not Acceptable) 13800 N E 11TH AVENUE MIAM! FL 33161 City 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 Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete ☐ Change Addition MONCOEUR, JERRY NAME NAME STREET ADDRESS 13800 N E 11TH AVENUE STREET ADDRESS CR2E037 CITY-ST-ZIP MIAMI FL 33161 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MONCOEUR, GHINELLE MAME MAME STREET ADDRESS 13800 N E 11TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 TITLE Delete Change Addition Laguerre, Ja Miche 301 NE 172nd stub SAINSURIN, JEAN P NAME NAME STREET ADDRESS 13605 N E 12TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 Miami Beach, Fl 33162 Change TITLE ☐ Delete TITLE ☐ Addition LYDECANA, RAYNOLD NAME NAME STREET ADDRESS 1120 N E 81ST STREET STREET ADDRESS CITY-ST-ZIP BAY SHORE FL 33138 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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,