FILED
Sep 08, 2006 8:00 am
Secretary of State
07-21-2006 90029 048 ****75.00

66023904

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000007807

1. Entity Name
SALEM BAPTIST CHURCH OF FORT MYERS, INC.

Principal Place of Business	Mailing Address
2145 DORA STREET FORT MYERS, FL 33901	2145 DORA STREET FORT MYERS, FL 33901

2. Principal Place of Business	3. Mailing Address
2535 Parkway St	Ft myers FL 33901
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft myers Florida	City & State: Fortmyers Florida
Zip: 33901 Country:	Zip: 33901 Country:

05162006 Chg-NP CR2E037 (4/06)

4. FEI Number: 57-1199279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNABE, FRENEL
2145 DORA STREET
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name: Salem Baptist Ch. of Ft Myers Inc
Street Address (P.O. Box Number is Not Acceptable): 2535 Parkway Street
City: Ft. Myers FL Zip Code: 33901

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARNABE, FRENEL 2145 DORA STREET FORT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLERAT, JACMEL 4540 DE LEON STREET, APT 242 FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIMON, RAYMOND 3020 BROADWAY STREET FORT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M PIERRE, EMILE 5527 GRENADA ROAD FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Frenel Barnabe 8-14-06.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone No.

66033904

ATTACHMENT

#N05000007807

DR-5
R. 11/03

FLORIDA DEPARTMENT OF REVENUE

Application for Consumer's Certificate of Exemption

Sales and Use Tax [pursuant to ss. 212.08(6), (7), and 213.12(2), Florida Statutes]

* NO FEE REQUIRED *

CHECK ONE: [X] New [ ] Renewal Certificate No. 57-1199279

MAIL TO:
CENTRAL REGISTRATION/EXEMPTIONS
FLORIDA DEPARTMENT OF REVENUE
PO BOX 6480
TALLAHASSEE FL 32314-6480

Exemption category for which you are applying (check only one):

- [ ] 501 (c)(3) Organization
- [ ] Community Cemetery
- [ ] Credit Union
- [ ] Fair Association
- [ ] Florida Fire and Emergency Services Foundation
- [ ] Florida Retired Educators Association
- [ ] Library Cooperative
- [ ] Nonprofit Cooperative Hospital Laundry
- [ ] Nonprofit Water System
- [ ] Organization Benefiting Minors
- [ ] Parent-Teacher Organization/Association
- [ ] Political Subdivision
- [X] Religious - physical place of worship
- [ ] Religious - governing/administrative
- [ ] Religious - transportation provider
- [ ] School, College or University
- [ ] Veterans' Organization
- [ ] Volunteer Fire Department

Office Use Only
BP ______
CO ______
RS ______ N. ___ R ___
PM Date ______
Date Rec'd ______

Organization Name: Salem Baptist Church of Ft myers INC.	
Street Address: 2145 Dora St. Ft myers Florida	Business Phone: (239) 334-8110.
City/State/ZIP: Ft myers Florida 33901.	County, if located in Florida: Lee
Federal Employer Identification Number (FEIN):	Is Organization incorporated? Yes [X] No [ ] — Date of Incorporation: 2005. — Does organization hold IRS exempt status? Yes [X] No [ ]
Mailing Address (if different than above): 2145 Dora Street	Alternate Phone: (239) 878-3619
City/State/ZIP: Ft myers Florida 33901.	County, if located in Florida: LEE County

Does the organization receive income from the sale or lease of tangible personal property, the lease of real property or the sale of taxable services? Yes [ ] No [X]

If yes, provide the organization's sales and use tax certificate of registration number: ______

ALL DOCUMENTS SUBMITTED WILL BE RETAINED AS PART OF THIS APPLICATION.

CERTIFICATION

I hereby attest that I am authorized to sign on behalf of the applicant organization described above. I further attest that, if granted, the *Consumer's Certificate of Exemption* will only be used in the manner authorized for this organization under ss. 212.08(6), (7), or 213.12(2), Florida Statutes.

I declare that I have read the information provided on this application, including the attached documentation, and that the facts stated herein are true.

Frenel Barnabe — Signature
Pastor — Title
FRENEL BARNABE — Print name
7-17-06 — Date