2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011485

Entity Name: SALEM EVANGELICAL GROUP, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
4775 CHARIOT CIR. GREENACRES, FL 33463				5804 STRAWBERRY LAKES CIRC. GREENACRES, FL 33463				
Current Mailing Address:				New Mailing Address:				
4775 CHARIOT CIR. GREENACRES, FL 33463				5804 STRAWBERRY LAKES CIRC. GREENACRES, FL 33463				
FEI Number:	FEI N	FEI Number Applied For () FEI Number		mber Not Applicable (X)		Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Nam					ame and Address of New Registered Agent:			
3755 MIL-L/ GREENACI The above in the State	RES, FL 33463 Unnamed entity submits of Florida.	S this statement for the pu	rpose of cha	inging it	ts registered c	office or regist	tered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent				Date				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DP () Delete JACQUES, RICOT 2878 DONNELLY DR. LAKE WORTH, FL 3346		Title: Nam Addr	e:) Change()Ac		
Title: Name: Address: City-St-Zip:	DV () Delete BRETON, NADIA 4775 CHARIOT CIR. LAKE WORTH, FL 3346	63	Title: Nam Addr City-	e:	BRETON, NAD	ERRY LAKES C		
Title: Name: Address: City-St-Zip:	S () Delete DAY, JINIA 4775 CHARIOT CIR. LAKE WORTH, FL 3346	63	Title: Nam Addr City-	e:	()) Change()Ao	ldition	
Title: Name: Address: City-St-Zip:	D () Delete FLEURME, FRANEL 315 WALNUT ST. SEBRING, FL 33870		Title: Nam Addr City-	e:	()) Change()Ao	ldition	
Title: Name: Address: City-St-Zip:	T () Delete ALCIUS, SANDIE 1802 MONTAQUE ST. LAKE WORTH, FL 3346	61	Title: Nam Addr City-	e:	()) Change()Ao	ldition	
Title: Name: Address: City-St-Zip:	D () Delete FLEURIMOND, PAQUIS 3755 MIL-LAKE GREENACRES, FL 334		Title: Nam Addr City-	e:	D (X FLEURIMOND, 3755 MIL-LAKE GREENACRES	ECT.	ddition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICOT JACQUES DP 04/25/2007