FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N16094 (7)

1. Corporation Name

EGLISE EVANGELIQUE BAPTISTE SALEM, INC.

Principal Place of Business	Mailing Address
140 N.W. 79TH STREET MIAMI FL 33150	140 N.W. 79TH STREET MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0139500 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Eglise Ev.Bapt.Salem,Inc	26 P.O.Box 382129
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami,Florida	City & State 28
Zip 24 33138-2129 County 25 Dade	Zip 29 County 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OLIBRICE, CEDEON M. REV.
268 N.E. 53 STREET APT 4
140 N.W. 79 ST. (MIAMI, FL 33150)
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	R	11 TITLE	☐ Change ☐ Addition
NAME	OLIBRICE,CEDEON M.	12 NAME	
STREET ADDRESS	268 N.E. 53 STR. APT 4	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JOSEPH, INNOCENT	22 NAME	
STREET ADDRESS	422 N.W. 102 STR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SENEXANT, MERCUS	32 NAME	
STREET ADDRESS	350 N.E. 54 STREET #4	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	DWM	41 TITLE	☐ Change ☐ Addition
NAME	JOSEPH, SYLFIOLA	42 NAME	
STREET ADDRESS	442 N.W. 102 STR	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	FAUVETTE, TELUSMA	52 NAME	
STREET ADDRESS	285 N.W. 132 STREET	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	PIERRE, HENRIETTE	62 NAME	
STREET ADDRESS	773 N.E. 81 STR.	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cedeon M. Olibrice — May 9, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0042010