

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

RECEIVED MAY 10 1995

DOCUMENT # N16094 (7)

1. Corporation Name

EGLISE EVANGELIQUE BAPTISTE SALEM, INC.

Principal Place of Business

140 N.W. 79TH STREET
MIAMI FL 33150

Mailing Address

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

5. Certificate of Status Desired

☐ \$0.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

☐ \$68.75 Supplemental Fee Not Required

7. Nonprofit with IRS 501(c)(3)

☐ Tax Exempt Status

8. This corporation has liability for intangible tax under s. 119.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Eglise Ev. Bapt. Salem, Inc.

22 P.O. Box 382129

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

24 City & State

25 Miami, Florida

26 City & State

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

R
OLIBRICE, CEDEON M.
268 N.E. 53 STR. APT 4
MIAMI FL 33137

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
JOSEPH, INNOCENT
422 N.W. 102 STR
MIAMI FL 33150

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
SENEANT, MERCUS
350 N.E. 54 STREET #4
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DWM
JOSEPH, SYLFIOLA
442 N.W. 102 STR
MIAMI FL 33150

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
FAUVETTE, TELUSMA
285 N.W. 132 STREET
MIAMI FL 33138

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
PIERRE, HENRIETTE
773 N.E. 81 STR.
MIAMI FL 33138

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(k), 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:

Cedon M. Olibrice

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

May 9, 1995

DATE (Type in Month & Day)