## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N16094 DOCUMENT #
1. Corporation Name

(7)

EGLISE EVANGELIQUE BAPTISTE SALEM, INC.					I (\$2)4)51 851 5(8)8 Salva Mallin (Salva	Al Bible Gibli Beder Grace		
Principal Plac	e of Business	Mailing Address				- 	E( 01811 01011 01011 8101	i Didii Didii (BDI
EGLISE EV. BAPT. SALEM. INC 140 NE 79TH STREET MIAMI FL 33150		P O BOX 382129 MIAMI FL 33150 US						
US						3. Date Incorporated or Qualified 07/29/1986	3a. Date of Last 06/12/1	
	Place of Business	2a. Mailing Address				4. FEI Number	<del></del>	Applied For
	N.W.79 Street	26 P.O.BOX 382129				65-0139500		Not Applicable
Suite, Apt.	· ·	Suite, Apt. #, etc.  27 Miami Florida 3 3 8 3 8 - 21 2				5. Certificate of Status Desired	<del> </del>	5 Additional
City & Stat	ni,Florida	27 Miami, Florida33838-212 City & State			<u>838-212</u>	6 Floring Compaign Figure	Fee	Required
23 3315	IA .	28				Election Campaign Financing     Trust Fund Contribution		0 May Be of to Fees
Zip	Country	Zıp	Country		·- · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for inte		
24		25 Dade 29 30		Dade Florida Statutes		Florida Statutes	☐ Yes ☐ No	
Name and Address of Current Registered Agent					B.1	10. Name and Address of New Rec	Istered Agent	
OJ IDDIO	CE, CEDEON M. REV.			81	Name			
	E. 53 STREET APT 4			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	V. 79 ST. (MIAMI, FL 33150)			83				
	L 33137							
1, ma (2, m)				84	City		FL 85 Zi	p Code
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above- or registered agent, or both, in the State of Florida. Such change was authorized by the con- familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.</li> </ol>						ion submits this statement for the purpo of directors. I hereby accept the appoin	se of changing its a trient as registered	registered office Lagent. Lam
SIGNATURE								
	Signature, typed or printed name of registered agent a		Register	red Agen	l signature required w	rien renstating)	DATE	[
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 12
TITLE	R OURDICE CEDEON M	_		TITLE			Change	☐ Addition
NAME CIRCLI ADDRESS	OLIBRICE, CEDEON M. 266 N.E. 53 STR. APT 4		1.2 NAME					
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33137				ADDRESS			
TITLE	D DELETE			1.4 CITY - ST - ZIP 2.1 TITLE			☐ Change	Addition
NAME	JOSEPH, INNOCENT		В	2.2 NAME			Onlings	
STREET ADDRESS	422 N.W. 102 STR		2.3 STREET ADD		ADDRESS			
CITY-ST-ZIP	MIAMI FL 33150		2 4 CITY-ST-ZIP		ľ			
TITLE	D DELETE		31 TITLE				Change	Addition
NAME	SENEXANT, MERCUS		3.2	3.2 NAME				
STREET ADDRESS	350 N.E. 54 STREET #4		3.3	3.3 STREET ADDRESS				i
CITY-ST-ZIP	DIAM			CITY-S	T - ZIP			
TITLE NAME :	DWM Joseph. Sylfiola	DELETE	4.1 TITLE				☐ Change	☐ Addition
STREET ADDRESS	442 N.W. 102 STR			NAME				
CITY-ST-ZIP	MIAMI FL 33150		4.3 STREET		<b>I</b>			
TITLE	S	DELETE	4.4 CITY - S 5.1 TITLE		- 2117		☐ Change	Addition
NAME	FAUVETTE, TELUSMA		5.2 NAME				□ Change	☐ AUUIIUII
STREET ADDRESS	285 N.W. 132 STREET				ADORESS			
C(TY-ST-Z(P	MIAMI FL 33168		5.4 CHTY - S					
TITLE	T	DELETE	_	THLE			☐ Change	☐ Addition
NAME	PIERRE, HENRIETTE		6.2	NAME			-	
STREET ADDRESS	773 N.E. 81 STR.		6.3	STREET	ADDRESS			
CITY-ST-ZIP MIAMI FL 33138  14. I do hereby certify that the information supplied with this filing is voluntarily furnished				CITY-ST	ZIP			
<ol><li>14. I do hereb</li></ol>	by certify that the information supplied wi	th this filing is voluntarily furnish	ed and	d does	not qualify for	the exemption stated in Section 119.07/	3)(k). Florida Statut	es Lfurther

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Olibrice March. 20, 1996.