

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N16094** (7)

1. Corporation Name
EGLISE EVANGELIQUE BAPTISTE SALEM, INC.



Principal Place of Business
**EGLISE EV. BAPT. SALEM, INC
140 NE 79TH STREET
MIAMI FL 33150
US**

Mailing Address
**P O BOX 382129
MIAMI FL 33150
US**

3. Date Incorporated or Qualified **07/29/1986** 3a. Date of Last Report **06/12/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 140 N.W. 79 Street		26 P.O. BOX 382129		4 65-0139500		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 Miami, Florida		27 Miami, Florida 33138-2129		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 3315A		28					
Zip		Country		Zip		Country	
24		25 Dade		29		30 Dade	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OLIBRICE, CEDEON M. REV. 266 N.E. 53 STREET APT 4 140 N.W. 79 ST. (MIAMI, FL 33150) MIAMI FL 33137				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	R	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLIBRICE, CEDEON M.			1.2 NAME			
STREET ADDRESS	266 N.E. 53 STR. APT 4			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33137			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSEPH, INNOCENT			2.2 NAME			
STREET ADDRESS	422 N.W. 102 STR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33150			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SENXANT, MERCUS			3.2 NAME			
STREET ADDRESS	350 N.E. 54 STREET #4			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	DWM	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSEPH, SYLFIOLA			4.2 NAME			
STREET ADDRESS	442 N.W. 102 STR			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33150			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAUVETTE, TELUSMA			5.2 NAME			
STREET ADDRESS	285 N.W. 132 STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33168			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIERRE, HENRIETTE			6.2 NAME			
STREET ADDRESS	773 N.E. 81 STR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138			6.4 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)(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: *[Signature]* **M. Olibrice** Date: **March 20, 1996**

CR2E037 (12/95)