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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

140 NW 79TH ST
MIAMI FL 33158
USP O BOX 382129
MIAMI FL 33238-2129
US3. Date Incorporated or Qualified
07/29/19863a. Date of Last Report
03/26/1996

2. Principal Place of Business

21

✓

2a. Mailing Address

26

140 N.W. 79 Street

4. FEI Number

65-0139500

Applied For

Not Applicable

Suite, Apt. #, etc.

22 266 N.E. 53 St. # 2

City & State

23 Miami, Fla

Zip

24 33137

Country

25

Suite, Apt. #, etc.

27 P.O. Box 382129

City & State

28 Miami, Florida

Zip

29 33157/33138 30

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE R ☐ DELETENAME OLIBRICE, CEDEON M.
STREET ADDRESS 266 N.E. 53 STR. APT 4
CITY-ST-ZIP MIAMI FL 3313711 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME JOSEPH, INNOCENT
STREET ADDRESS 422 N.W. 102 STR
CITY-ST-ZIP MIAMI FL 3315012 NAME ☐ Change ☐ AdditionTITLE D ☐ DELETENAME SENEXANT, MERCUS
STREET ADDRESS 350 N.E. 54 STREET #4
CITY-ST-ZIP MIAMI FL13 STREET ADDRESS ☐ Change ☐ AdditionTITLE DWM ☐ DELETENAME JOSEPH, SYLFIOLA
STREET ADDRESS 442 N.W. 102 STR
CITY-ST-ZIP MIAMI FL 331502.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE S ☐ DELETENAME FAUVETTE, TELUSMA
STREET ADDRESS 285 N.W. 132 STREET
CITY-ST-ZIP MIAMI FL 331684.1 TITLE ☐ Change ☐ AdditionTITLE T ☐ DELETENAME PIERRE, HENRIETTE
STREET ADDRESS 773 N.E. 81 STR.
CITY-ST-ZIP MIAMI FL 331384.2 NAME ☐ Change ☐ Addition

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

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033840

CR2E037 (9/96)