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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

140 NW 79TH ST
MIAMI FL 33158
US

P O BOX 382129
MIAMI FL 33238-2129
US

3. Date Incorporated or Qualified
07/29/1986

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 266 N.E. 53 st. # 2

City & State

23 Miami, Fla

Zip

Country

24 33137

2a. Mailing Address

26

140 N.W. 79 Street

Suite, Apt. #, etc.

27 P.O. Box 382129

City & State

28 Miami, Florida

Zip

Country

29 33157/33138/30

4. FEI Number

65-0139500

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. 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

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

FL

85 Zip Code

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	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIBRICE, CEDEON M.	12 NAME	
STREET ADDRESS	266 N.E. 53 STR. APT 4	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	14 CITY-ST-ZIP	
TITLE	D	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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENEXANT, 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	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	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	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 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

Cedeon M. Olibrice - 2/18/97

Date

Daytime Phone # 0033840

CR2E037 (9/96)