

FILE NOW: FILING FEE IS \$61.25

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**May 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16094 (7)
 Corporation Name
EGLISE EVANGELIQUE BAPTISTE SALEM, INC.



Principal Place of Business		Mailing Address	
140 NW 79TH ST 266 N.E. 53 ST., #2 MIAMI FL 33137 US		140 N.W. 79 STREET P.O. BOX 382129 MIAMI FL 33138 US	
21	22	26	27
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
23		28	
City & State		City & State	
24		30	
Zip	Country	Zip	Country

3. Date Incorporated or Qualified
07/29/1986

4. FEI Number
65-0139500

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

OLIBRICE, CEDEON M. REV.
266 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 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 **Cedeon M. Olibrice, Pasteur** (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	Pastor <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIBRICE, CEDEON M.	1.2 NAME	Cedeon M. Olibrice
STREET ADDRESS	266 N.E. 53 STR. APT 4	1.3 STREET ADDRESS	266 N.E. 53 Str. #4
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	Miami, Florida 33137
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, INNOCENT	2.2 NAME	Jacques Petit Frere
STREET ADDRESS	422 N.W. 102 STR	2.3 STREET ADDRESS	6430 N.E. 1ct
CITY-ST-ZIP	MIAMI FL 33150	2.4 CITY-ST-ZIP	Miami, Florida 33138
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENXANT, MERCUS	3.2 NAME	Ernard Mompremier
STREET ADDRESS	350 N.E. 54 STREET #4	3.3 STREET ADDRESS	658 N.E. 87 Str. APT 3
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Florida 33138
TITLE	DWM <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, SYLFIOLA	4.2 NAME	Micheline A. Geffrard
STREET ADDRESS	442 N.W. 102 STR	4.3 STREET ADDRESS	2151 N.E. 67 Str. Apt. 1
CITY-ST-ZIP	MIAMI FL 33150	4.4 CITY-ST-ZIP	Miami, Florida 33161
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUVETTE, TELUSMA	5.2 NAME	Fauvette Telusma
STREET ADDRESS	285 N.W. 132 STREET	5.3 STREET ADDRESS	285 N.W. 132 Street
CITY-ST-ZIP	MIAMI FL 33168	5.4 CITY-ST-ZIP	Miami, Florida 33168
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, HENRIETTE	6.2 NAME	Marie-Heleine Candio
STREET ADDRESS	773 N.E. 81 STR.	6.3 STREET ADDRESS	360 N.E. 55 Street
CITY-ST-ZIP	MIAMI FL 33138	6.4 CITY-ST-ZIP	Miami, Florida 33137

14. I 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: *Cedeon M. Olibrice Pasteur 4/10/98*

CR2E037 (10/97)