**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N16094**

1. Corporation Name

## EGLISE EVANGELIQUE BAPTISTE SALEM, INC.

Principal Place of Business
140 NW 79TH ST
266 N.E. 53 ST., #2
MIAMI FL 33137
110

Mailing Address

## **FILED** Feb 26, 1999 8:00 am Secretary of State

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	lace of Business	2a. Mailing Address	<del>-</del> 7		3. Date Incorporated or Qualifed 07/29/1986		
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number	Applied For	
22	#, etc.	27			65-0139500	Not Applicable	
City & State		City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 May Be	
24	25 D 2 de	29 30			Trust Fund Contribution	Added to Fees	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
			61	Name		• •	
OLIBRICE, CEDEON M. REV.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	. \	
266 N.E. 53 STREET APT 4			83				
	79 ST. (MIAMI, FL 33150)			_			
MIAMI FL	3313/		84	City	FI	85 Zip Code	
11. Purquant	to the provisions of Sections 617 0502	and 617.1508. Florida Statutes	the above	e-named col	moration submits this statement for the numose of	f changing its registered	
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.							
-	m ramiliar with, and accept the obligati	ions or, Section 617.0505, Floric	ia Statutes	•	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	tegistered Ager	nt signature requ	ired when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	OLIBRICE,CEDEON M.		1.2 NAME			,	
STREET ADDRESS	266 N.E. 53 STR., #4		1.3 STREE	TADORESS			
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-S	T-ZIP			
TITLE	_		2.1 TITLE			Change Addition	
NAME	PETIT FRERE, JACQUES		2.2 NAME				
STREET ADDRESS	6430 NE 1 CT		2.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	MIAMI FL 33138		2. 4 CITY-5	T-ZIP		Charge Addition	
TITLE	D	☐ DELETE	3.1 TITLE		•	☐ Change ☐ Addition	
NAME	MOMPREMIER, ERNAND				•		
STREET ADDRESS				TADDRESS	•		
CITY-ST-ZIP		MIAMI FL 33138 34.0				☐ Change ☐ Addition	
TITLE			4.1 TITLE		·	Therefore Therefore	
NAME	GEFFRARD, MICHELINE A		4. 2 NAME		,	. · ·	
STREET ADDRESS	2151 NE 67 ST., APT. 1			ADDRESS			
CITY-ST-ZIP	MIAMI FL 33161	☐ DELETE	4.4 CITY-S 5.1 TITLE	1- ZIP	· · · ·	Change Addition	
TITLE	FAUVETTE, TELUSMA	•				, 0	
NAME	285 N.W. 132 STREET			T ADDRESS			
STREET ADDRESS	MIAMI FL 33168		5.4 CITY-S				
CITY-ST-ZIP	T T	☐ DELETE	6.1 TITLE		<u> </u>	Change Addition	
NAME	HELEINE CANDIO, MARIE		6.2 NAME				
STREET ADDRESS	AGO NE CE ATREET		1	TADORESS		• • • • •	
CITY-ST-ZIP	MIAMI FL 33137		6.4 CITY-S			• •	
DITTOUR CIP				1			

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, with all other like empowered.

SIGNATURE: