

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90019 015 ****61.25

DOCUMENT # N16094

1. Entity Name

EGLISE EVANGELIQUE BAPTISTE SALEM, INC.



Principal Place of Business

140 NW 79TH ST
266 N.E. 53 ST., #2
MIAMI FL 33137
US

Mailing Address

140 N.W. 79 STREET
P.O. BOX 382129
MIAMI FL 33138
US

00012178



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0139500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIBRICE, CEDEON M. REV.
500 NE 141 ST
MIAMI FL 33161-3129

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cedeeon M. Olibrice

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME OLIBRICE, CEDEON M.
STREET ADDRESS 500 NE 141 STREET
CITY- ST- ZIP MIAMI FL 33161 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D
NAME PETIT FRERE, JACQUES
STREET ADDRESS 6430 NE 1 CT
CITY- ST- ZIP MIAMI FL 33138 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D
NAME MOMPRIER, ERNAND
STREET ADDRESS 658 NE 87 ST., APT. 3
CITY- ST- ZIP MIAMI FL 33138 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME Marcelin Petit.
STREET ADDRESS 285 N.W. 129 St.
CITY- ST- ZIP Miami, FL 33161

TITLE D
NAME SELDIEN, RICHARD
STREET ADDRESS 43 NW B 5 STREET
CITY- ST- ZIP MIAMI FL 33127 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME Wilkey Simon
STREET ADDRESS 735 N.W. 130 street
CITY- ST- ZIP Miami, FL 33161

TITLE I
NAME FAUVETTE, TELUSMA
STREET ADDRESS 285 N.W. 132 STREET
CITY- ST- ZIP MIAMI FL 33168 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME Elia-nette Semexant
STREET ADDRESS 285 N.E. 58 street
CITY- ST- ZIP Miami FL 33138

TITLE I
NAME HELEINE CANDIO, MARIE
STREET ADDRESS 360 NE 55 STREET
CITY- ST- ZIP MIAMI FL 33137 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Cedeeon M. Olibrice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #