

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90173 005 \*\*\*\*61.25

66006372



1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N16094</b>					
1. Entity Name <b>EGLISE EVANGELIQUE BAPTISTE SALEM, INC.</b>					
Principal Place of Business <b>140 NW 79TH ST 266 N.E. 53 ST., #2 MIAMI FL 33137 US</b>			Mailing Address <b>140 N.W. 79 STREET P.O. BOX 382129 MIAMI FL 33138 US</b>		
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 <b>65-0139500</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>OLIBRICE, CEDEON M. REV. 500 NE 141 ST MIAMI FL 33161-3129</b>			7. Name and Address of New Registered Agent		
			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 <i>Cedron M. Olibrice</i>		Signature, typed or printed name of registered agent and title if applicable		<i>Cedron M. Olibrice</i> (NOTE: Registered Agent signature required when resigning) DATE <b>3-20-2006</b>	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	P OLIBRICE, CEDEON M. 500 NE 141 STREET MIAMI FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETIT FRERE, JACQUES 6430 N.E. 1 CT MIAMI FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOMPREMIER, ERNAND 658 NE 87 ST., APT. 3 MIAMI FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Odiles Nelson, <input type="checkbox"/> Change <input type="checkbox"/> Addition 15795 N. E. 10 Avenue Miami, FL 331	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELDIEN, RICHARD 43 NW B STREET MIAMI FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Willcy Simon <input type="checkbox"/> Change <input type="checkbox"/> Addition 735V. W. 130 Street Miami, FL 33168	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FAUVETTE, TELUSMA 285 N.W. 132 STREET MIAMI FL 33168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Marcelin Petit. <input type="checkbox"/> Change <input type="checkbox"/> Addition 285 N. W. 129 Street Miami, FL 33168	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HELEINE CANDIO, MARIE 360 NE 55 STREET MIAMI FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Cedron M. Olibrice</i> <i>Cedron M. Olibrice</i> 3-20-2006					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT

66006372

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2006

EGLISE EVANGELIQUE BAPTISTE SALEM, INC.  
140 N.W. 79 STREET  
P.O. BOX 382129  
MIAMI, FL 33138 US

Subject: EGLISE EVANGELIQUE BAPTISTE SALEM, INC.

Reference Number: N16094

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION