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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUL 16 PM 3:15

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50553 (9)

1. Corporation Name  
EGLISE BAPTISTE SILOE, INC.



Principal Place of Business  
13300 NE 77TH AVE  
N. MIAMI FL 33161  
US

Mailing Address  
1385 NE 129 ST  
N. MIAMI FL 33161-4326  
US

2. Principal Place of Business  
21 495 N.W. 191<sup>st</sup> St  
Suite, Apt. #, etc.  
22  
23 MIAMI FL  
24 33169 25 U.S.A

2a. Mailing Address  
26 3281 N.W. 173<sup>rd</sup> St  
Suite, Apt. #, etc.  
27  
28 MIAMI FL  
29 33056 30 U.S.A

3. Date Incorporated or Qualified 08/24/1992  
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0357309  
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  
ST. PREUX, ELISEE  
1285 NE 117 ST  
MIAMI FL 33161

10. Name and Address of New Registered Agent  
81 Name Alby PIERRE-LOUIS  
82 Street Address (P.O. Box Number is Not Acceptable) 1385 N.E. 129<sup>th</sup> Street  
83 N.M.  
84 City N-Miami FL 85 Zip Code 33161

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]* DATE: 5/18/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PIERRE-LOUIS, ALBY	
STREET ADDRESS	1385 NE 129TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANCOIS, ALOURDES	
STREET ADDRESS	739 NW 145 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ST. PREUX, ELISEE	
STREET ADDRESS	1285 NE 117 ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DESIR, REYNOLD	
STREET ADDRESS	920 NE 144 ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIERRE-LOUIS, ALBY	
STREET ADDRESS	1385 NE 129 ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/ Petit Frere, JEAN Le FILS	
1.3 STREET ADDRESS	3281 N.W. 173 <sup>rd</sup> St	
1.4 CITY-ST-ZIP	MIAMI FL 33056	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ISRAEL, ABNICE	
2.3 STREET ADDRESS	1318 N.E. 14 <sup>th</sup> AVE	
2.4 CITY-ST-ZIP	MIAMI FL 33161	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SILE, BERTIN	
3.3 STREET ADDRESS	921 N.W. 102 <sup>th</sup> St.	
3.4 CITY-ST-ZIP	MIAMI FL 33150	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NIASS, Precius	
4.3 STREET ADDRESS	2970 N.W. 174 <sup>th</sup> Street	
4.4 CITY-ST-ZIP	MIAMI FL 33056	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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]* 5/18/97

CR2E037 (9/96)