

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
 96 SEP 20 PM 4:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N95000005190 (2)

1. Corporation Name
 SALEM MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business Mailing Address
 12600 N.W. 4TH AVE. MIAMI FL
 C/O REV. EDNOLD OUTTEN
 3950 N.W. 188TH ST.
 MIAMI FL 33055

3. Date Incorporated or Qualified 10/30/1995
 3a. Date of Last Report

| | | | | | | | |
|----|--------------------------------|---------------------|----|--|---|--|----------------|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 26 | 4. FEI Number | 65-062-1175 | Applied For | Not Applicable |
| 22 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 27 | 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 23 | City & State | City & State | 28 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 24 | Zip | Country | 29 | 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OUTTEN, EDNOLD H
 3950 N.W. 188TH ST.
 MIAMI FL 33055

| | | |
|----|--|----|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------------|--------|
| TITLE | PRESIDENT | DELETE |
| NAME | EDNOLD H. OUTTEN | |
| STREET ADDRESS | 3950 N.W. 188 ST | |
| CITY-ST-ZIP | MIAMI FL, 33055 | |
| TITLE | TREASURER | DELETE |
| NAME | DENZIL ADAMS | |
| STREET ADDRESS | 20353 NW. 39TH COURT | |
| CITY-ST-ZIP | MIAMI FL, 33055 | |
| TITLE | MC JAMUDE ADAMS | DELETE |
| NAME | 20353 NW 39TH COURT | |
| STREET ADDRESS | MIAMI FL, 33055 | |
| CITY-ST-ZIP | MIAMI FL, 33055 | |
| TITLE | SECRETARY | DELETE |
| NAME | MARGARET SMITH | |
| STREET ADDRESS | 146 N.E. 188 ST | |
| CITY-ST-ZIP | MIAMI FL, 33179 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | | |
|--------------------|-----------------------|--------|----------|
| 1.1 TITLE | PRESIDENT | Change | Addition |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | TREASURER | Change | Addition |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | 400001968304 | | |
| 2.4 CITY-ST-ZIP | -10/08/96--01155--005 | | |
| 3.1 TITLE | | Change | Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | ****61.25 | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | SECRETARY | Change | Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | Change | Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | Change | Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 July 13th 1996 (305) 6210055
 0006034