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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33055-2744

3. Date Incorporated or Qualified  
10/30/1995

3a. Date of Last Report  
09/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
65-0621175

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

10. Name and Address of New Registered Agent

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

81 Name REV. EDNOLD H. OUTTEN  
82 Street Address (P.O. Box Number is Not Acceptable) 3950 NW 188 ST  
83 MIAMI FL, 33055  
84 City FL 85 Zip Code 33055

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]*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	OUTTEN, EDNOLD H	
STREET ADDRESS	3950 N.W. 188 ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	T	<input type="checkbox"/>
NAME	ADAMS, DENZIL	
STREET ADDRESS	20353 N.W. 39TH COURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	ST	<input type="checkbox"/>
NAME	SMITH, MARGARET	
STREET ADDRESS	146 N.E. 188 ST	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	OUTTEN, EDNOLD H		
1.3 STREET ADDRESS	3950 N.W. 188 ST		
1.4 CITY-ST-ZIP	MIAMI FL 33055		
2.1 TITLE	PATRICIA	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	ST	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	SMITH MARGARET		
3.3 STREET ADDRESS	20602 NW 22 <sup>ND</sup> Ct.		
3.4 CITY-ST-ZIP	MIAMI FL 33056		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

Daytime Phone # 0025044

CR2E037 (9/96)