


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90205 044 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005190**

1. Corporation Name  
**SALEM MISSIONARY BAPTIST CHURCH INC.**

Principal Place of Business 12600 N.W. 4TH AVE. MIAMI FL	Mailing Address C/O REV. EDNOLD OUTTEN 3950 N.W. 188TH ST. MIAMI FL 33055
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2. Principal Place of Business 21 <b>17901 NW 37th AVE</b>	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>10/30/1995</b>
Suite, Apt. #, etc. 22 <b>Miami FLORIDA</b>	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0621175</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>OUTTEN, EDNOLD R 3950 NW 188TH ST MIAMI FL 33055</b>	10. Name and Address of New Registered Agent 81 Name <b>OUTTEN EDNOLD H</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3950 NW 188 ST</b> 83 <b>Miami FL</b> 84 City <b>FL</b> 85 Zip Code <b>33055</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OUTTEN, EDNOLD</b>	1.2 NAME	
STREET ADDRESS	<b>3950 N.W. 188 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, DENZIL</b>	2.2 NAME	<b>NELMA FRANCIS</b>
STREET ADDRESS	<b>20353 N.W. 39TH COURT</b>	2.3 STREET ADDRESS	<b>20725 NE 8th Ct #206</b>
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	2.4 CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, MARGARET</b>	3.2 NAME	<b>N. LEWIS WALKIN</b>
STREET ADDRESS	<b>20602 NW 22ND CT</b>	3.3 STREET ADDRESS	<b>S10 NE 175 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>N. MIAMI FL 33162</b>
TITLE	<del>Francis, Nelma</del> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/6/99** DAYTIME PHONE #: **305-621-0035**

CR2E037 (1/198)