

FILED

Jun 04, 2002 8:00 am
Secretary of State

05-14-2002 90324 023 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005190

1. Entity Name

SALEM MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business

Mailing Address

17901 NW 37TH AVE.
MIAMI FL

C/O REV. EDNOLD OUTTEN
3950 N.W. 188TH ST.
MIAMI FL 33055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0621175

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OUTTEN, EDNOLD R
3950 NW-188TH ST
MIAMI FL 33055

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS OUTTEN, EDNOLD
CITY-ST-ZIP 3950 N.W. 188 ST
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME FRANCIS, VELMA
STREET ADDRESS 20725 N.W. 8TH #206
CITY-ST-ZIP MIAMI FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME ~~ST~~
STREET ADDRESS SMITH, MARGARET
CITY-ST-ZIP 20802 NW 22ND CT
MIAMI FL Delete

TITLE
NAME ~~ST~~
STREET ADDRESS ~~STAPLETON~~ BERNADINE
CITY-ST-ZIP 2873 NW 191 TERRACE
OPA LOCKA FL 33056 Addition

TITLE
NAME VT
STREET ADDRESS WALKIN, LEWIS
CITY-ST-ZIP 510 NE 175 ST.
N. MIAMI FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. 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 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: EDNOLD OUTTEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (305) 621-0035
Date Daytime Phone #

CR2E037 (9/01)