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May 20 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 # N96000004205 (8)

1. Corporation Name

SAREPTA MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business

Mailing Address

P.O. BOX 8105
FT. LAUDERDALE FL 33310

P.O. BOX 8105
FT. LAUDERDALE FL 33310-8105

3. Date Incorporated or Qualified 08/13/1996	3a. Date of Last Report N/A
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CALIXTE, JEAN J
4501 NW 40TH ST.
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR / AGENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	CALIXTE, JEAN
STREET ADDRESS		1.3 STREET ADDRESS	4501 NW 40th STREET
CITY - ST - ZIP		1.4 CITY - ST - ZIP	LAUDERDALE LAKES FL 33319
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	CALIXTE, MINCE-ELIE
STREET ADDRESS		2.3 STREET ADDRESS	4501 NW 40th STREET
CITY - ST - ZIP		2.4 CITY - ST - ZIP	LAUDERDALE LAKES, FL 33319
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	SANON Eddy
STREET ADDRESS		3.3 STREET ADDRESS	1691 NW 2nd Ave
CITY - ST - ZIP		3.4 CITY - ST - ZIP	POMPANO BEACH FL 33064
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	FRANCOIS URIEL
STREET ADDRESS		4.3 STREET ADDRESS	3540 NW 34th Terrace
CITY - ST - ZIP		4.4 CITY - ST - ZIP	LAUDERDALE LAKE FL 33309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	CALIXTE Anne
STREET ADDRESS		5.3 STREET ADDRESS	4501 NW 40th STREET
CITY - ST - ZIP		5.4 CITY - ST - ZIP	LAUDERDALE LAKES FL 33319
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 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:

Mince-Elie Calixte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/97

CR2E037 (9/96)