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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004205 (8)**
1. Corporation Name

SAREPTA MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business P.O. BOX 8105 FT. LAUDERDALE FL 33310	Mailing Address P.O. BOX 8105 FT. LAUDERDALE FL 33310
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3. Date Incorporated or Qualified

08/13/1996

4. FEI Number **65-0682324**

Applied For

APPLIED FOR

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Zip

26. Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 ☐ DELETE

NAME **D CALIXTE, JEAN**

STREET ADDRESS **4501 NW 40TH STREET**

CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE ☐ DELETE

NAME **T CALIXTE, MINES-ELUE**

STREET ADDRESS **4501 NW 40TH STREET**

CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE ☐ DELETE

NAME **TR SANON, EDDY**

STREET ADDRESS **1691 NW 2ND AVE**

CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ DELETE

NAME **TR FRANCOIS, URIEL**

STREET ADDRESS **3540 NW 34TH TERRACE**

CITY-ST-ZIP **LAUDERDALE LAKE FL 33309**

TITLE ☐ DELETE

NAME **TR CALIXTE, ANNE**

STREET ADDRESS **4501 NW 40TH STREET**

CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ 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 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: *Mines-Elue Calixte* **RECEIVED-Elue Calixte** **04/20/98** **561-297-3998**

CR2E037 (10/97)