## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 13 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # No. Corporation Name

Principal Place of Business

N97000002136 (6)

Mailing Address

ASSEMBLY OF GOD OF SALEM CHURCH, INC.

830 NW 11TH AVE		830 NW 11TH AVE				3. Date Incorporated or Qualified				
FT LAUDERDALE FL		FT LAUDERDALE FL				04/14/1997				
						4. FEI Number	I	Ar	oplied For	
						65-0748192		Nc	ot Applicable	
2. Principal	Place of Business	2a. Mailing Address				5. Certificate of Status Desired			Additional equired	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5	.00	May Be	
22		27				Trust Fund Contribution				
City & Sta	ate	City & State				7. Is this nonprofit corporation a homeov	vners asse	ociatio	n?	
23		28				☐ Yes				
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the			_ ~	
24	25		30			Personal Property Tax due June 30.	Yes		] No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				31	Name					
DUMEL, JACE 3430 NW 29TH ST			8	82 Street Address (P.O. Box Number is Not Acceptable)						
LAUDERIVALE LAKES FL 33311			8	33						
			ë	34	City		- 85	Zip	Code	
44 5	40 5 60	0 1047 4500 50 10 10 00					<u>-L</u>			
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.										
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.	Signature, typed or printed name of registered age OFFICERS AN		13.	<b>√ge</b> r	ii signature requi	ADDITIONS/CHANGES TO OFFICERS		CTOR	RS IN 12	
TITLE	PD	DELETE	1.1 T/JL	F.		TIDDITION OF THE CONTROL OF THE CONT		hange	Addition	
NAME	DUMEL, JACE	<u></u>	1.2 NAM							
STREET ADDRESS					ADDRESS					
	LAUDERDALE LAKES FL 3331	14	1.4 C(TY							
CITY-ST-ZIP	VD	☐ DELETE	2.1 TITLE		ZIF			hanoe	Addition	
NAME	ALTEMA, ANTOINE		2.2 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33311		2.4 City-St-ZiP		l l					
TITLE	SD DELETE			3.1 TITLE				hange	Addition	
NAME	ALTEMA, RAYMOND			3.2 NAME				•	<del></del>	
STREET ADDRESS	and a sure a serie des			3.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP	LAUDERHILL FL 33313		3.4. CITY-ST-ZIP							
TITLE	TD DELETE		_	4.1 TITLE				hange	Addition	
NAME	ALTEMA, ROCHENEL	<del></del>	4.2 NAN	ME				•		
STREET ADORESS					ADDRESS					
CITY-ST-ZIP	LAUDERHILL FL 33313		4.4 CiTY							
TITLE	ATD	DELETE	5.1 TITLE				C	hange	Addition	
NAME	DUMEL, GLADYS		5.2 NAM	1E						
STREET ADDRESS			5.3 STAE	EET /	ADDRESS					
CITY-ST-ZIP			5.4 C(TY	′- ST	I-ZIP	•				
TITLE			6.1 TITLE				☐ C	hange	Addition	
NAME	ALTEMA, IDELAN		6.2 NAM	1E						
STREET ADDRESS			6.3 STAE	EET /	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33311		6.4 DITY	′-ST	r- <b>Z</b> IP					
14. I hereby	certify that the information supplied w	ith this filing does not qualify fo	r the exem	npti	ion stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r certify th	nat 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.										