SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 09, 1999 8:00 am
Secretary of State
08-09-1999 90003 030 ****61.25

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DOCUMENT # N97000002136

1. Corporation Name
ASSEMBLY OF GOD OF SALEM CHURCH, INC.

Principal Place of Business	Mailing Address
2821 N.W. 15TH STREET FT LAUDERDALE FL 33311	2821 N.W. 15TH STREET FT LAUDERDALE FL 33311

602657 - 90003 - 30

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/14/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0748192 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DUMEL, JACE
3430 NW 29TH ST
LAUDERDALE LAKES FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAJUSTE, MARIUS		1.2 NAME		
STREET ADDRESS	2710 SOMERSET DR., #108		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALTEMA, ANTOINE		2.2 NAME		
STREET ADDRESS	728 NW 12TH ST, #2		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33311		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALTEMA, ROCHENEL		3.2 NAME		
STREET ADDRESS	5621 NW 14TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOUIS, CLEMENT		4. 2 NAME		
STREET ADDRESS	2920 N.W. 56TH AVE., #B407		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GEORGES, WESNER		5.2 NAME		
STREET ADDRESS	4391 N.W. 19TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MAJUSTE, MARCELES		6.2 NAME		
STREET ADDRESS	1877 N.W. 42ND TERR., #212		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		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, with all other like empowered.

SIGNATURE: Antoine Altema **SIGNATURE REQUIRED** 7/24/99 (954)766-9923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)