

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

DOCUMENT # N97000002136

1. Corporation Name

ASSEMBLY OF GOD OF SALEM CHURCH, INC.

Principal Place of Business

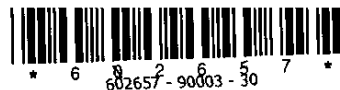
2821 N.W. 15TH STREET
FT LAUDERDALE FL 33311

Mailing Address

2821 N.W. 15TH STREET
FT LAUDERDALE FL 33311

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90003 030 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0748192	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	MAJUSTE, MARIUS	
STREET ADDRESS	2710 SOMERSET DR., #108	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	PD	☐ DELETE
NAME	ALTEMA, ANTOINE	
STREET ADDRESS	728 NW 12TH ST, #2	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	SD	☐ DELETE
NAME	ALTEMA, ROCHENEL	
STREET ADDRESS	5621 NW 14TH ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	VD	☐ DELETE
NAME	LOUIS, CLEMENT	
STREET ADDRESS	2920 N.W. 56TH AVE., #B407	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	TD	☐ DELETE
NAME	GEORGES, WESNER	
STREET ADDRESS	4391 N.W. 19TH ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	☐ DELETE
NAME	MAJUSTE, MARCELES	
STREET ADDRESS	1877 N.W. 42ND TERR., #212	
CITY-ST-ZIP	LAUDERHILL FL 33313	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, with all other like empowered.

SIGNATURE: *Antoine Altema*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/99 (954) 766-9923

Date

Daytime Phone #

CR2E037 (5/99)