

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002174

**Entity Name:** SALEM, FREE SEVENTH DAY ADVENTISTS CHURCH, INC.**Current Principal Place of Business:**6905 BEGGS RD  
ORLANDO, FL 32810**Current Mailing Address:**P.O. BOX 682338  
ORLANDO, FL 32868 US**FEI Number: 45-4647919****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALEXANDRE, ANTOINE  
1873 SCRUB JAY RD  
ORLANDO, FL 32703 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | P                  |
| Name            | ALEXANDRE, ANTOINE |
| Address         | 1873 SCRUB JAY RD  |
| City-State-Zip: | APOPKA FL 32703    |

|                 |                  |
|-----------------|------------------|
| Title           | SEC              |
| Name            | SYLVEUS, YVANE   |
| Address         | 8315 SNOWFIRE DR |
| City-State-Zip: | ORLANDO FL 32818 |

|                 |                  |
|-----------------|------------------|
| Title           | VP               |
| Name            | SYLVEUS, YVONNE  |
| Address         | 8315 SNOWFIRE DR |
| City-State-Zip: | ORLANDO FL 32818 |

|                 |                      |
|-----------------|----------------------|
| Title           | ASST                 |
| Name            | NEREUS, ANTOINE      |
| Address         | 2430 WINCHESTER BLVD |
| City-State-Zip: | APOPKA FL 34743      |

|                 |                      |
|-----------------|----------------------|
| Title           | TREASURER            |
| Name            | DELMA, FONTENELLE    |
| Address         | 2001 MANHATTAN LN.   |
| City-State-Zip: | CASSELBERRY FL 32707 |

|                 |                       |
|-----------------|-----------------------|
| Title           | COUN                  |
| Name            | CHARLES, PAST. MAX E  |
| Address         | 41599 SHANE ROAD. ANE |
| City-State-Zip: | LEESBURG FL 34788     |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANTOINE ALEXANDRE****PRESIDENT****03/17/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date