## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000008437

FILED May 30, 2005 Secretary of State

Entity Name: FIRST HAITIAN ALLIANCE CHURCH OF JACKSONIVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

5938 118TH STREET 534 DEW DROP STREET

JACKSONVILLE, FL 32244 US JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

P.O. BOX 440336

JACKSONVILLE, FL 32222 US

FEI Number: 41-2110360 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EIBON, ESPERANDIEU
9045 MONCRIEF ROAD
EIBON, ESPERANDIEU
2045 MONCRIEF ROAD

JACKSONVILLE, FL 32209 US JACKSONVILLE, FL 32209 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: ESPERANDIEU ELBON 05/30/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ( ) Delete Title: PAST (X) Change ( ) Addition

 Name:
 ELBON, ESPERANDIEU G
 Name:
 ELBON, ESPERANDIEU

 Address:
 2045 MOCRIEF ROAD
 Address:
 2045 MOCRIEF ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:
 JACKSONVILLE, FL 32209

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FLORESTAL, ALOURDES
 Name:

 Address:
 1745 WELLS ROAD # 1401
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FRANCK, JEÁN ROBERT
 Name:

 Address:
 534 CODY CT
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MATHURIN, JACQUELINE
 Name:

 Address:
 534 CODY COURT
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ESPERANDIEU ELBON PAST 05/30/2005