# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted] 09-03-2005 90020 040 ****70.00
N00000008437

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FILED
03 OCT 14 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008437

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

| Principal Place of Business | Mailing Address |
|---|---|
| 534 CODY COURT<br>ORANGE PARK FL 32073 | P.O. BOX 440336<br>JACKSONVILLE FL 32222 |

☑ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5938 118th street | P.O. BOX 440336 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville FL | City & State: JACKSONVILLE, FL |
| Zip: 32244 Country: USA | Zip: 32222 Country: USA |

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| VINCENT, JOSEPH G<br>1360 KEEL CT<br>ORANGE PARK FL 32073 | Name: ELBON, ESPERANDIEU<br>Street Address (P.O. Box Number is Not Acceptable): 9045 Moncrief RD<br>City: Jacksonville FL Zip Code: 32209 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 08-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**After September 10, 2003, min will be $236.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VINCENT, JOSEPH G<br>1360 KEEL CT<br>ORANGE PARK FL 32073 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | A<br>ELBON, ESPERANDIEU<br>9045 Moncrief RD. JAX, FL 32209 ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FLORESTAL, ALOURDES<br>1745 WELLS ROAD # 1401<br>ORANGE PARK FL 32073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FRANCK, JEAN ROBERT<br>534 CODY CT<br>ORANGE PARK FL 32073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MATHURIN, JACQUELINE<br>534 CODY COURT<br>ORANGE PARK FL 32073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TS ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (4/03)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 08/29/03 (904) 354-8610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #