Entity Name: HAITI CHRISTIAN DEVELOPMENT FUND, INC.

Current Principal Place of Business:
4900 NW 52ND ST
TAMARAC, FL 33318-3239

Current Mailing Address:
P.O. BOX 934696
MARGATE, FL 33093

FEI Number: 64-0650807

Name and Address of Current Registered Agent:
THOMAS, JEAN L
4900 NW 52ND ST
TAMARAC, FL 33318-3239 US

Certificate of Status Desired: Yes

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: JEAN L THOMAS
Electronic Signature of Registered Agent
Date

Officer/Director Detail:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
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<tr>
<td>MR</td>
<td>THOMAS, JEAN L</td>
<td>4900 NW 52ND ST</td>
<td>TAMARAC FL 33318</td>
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<tr>
<td>MR</td>
<td>NOBLE, LOWELL</td>
<td>1831 ROBINSON ST</td>
<td>JACKSON MS 39209</td>
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<tr>
<td>MR</td>
<td>FENDALL, LON</td>
<td>16295 NE NROTH VALLEY RD</td>
<td>NEWBERG OR 97132</td>
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<tr>
<td>MR</td>
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<td>128 FREDRICA</td>
<td>JACKSON MS 39209</td>
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<td>MRS</td>
<td>MCELVAIN, LAUREL</td>
<td>5136 OUTLOOK</td>
<td>MISSION KS 66202</td>
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<tr>
<td>MR</td>
<td>WOOD, TED</td>
<td>23 HARTSHORN ST</td>
<td>READING MA 01867</td>
</tr>
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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: JEAN L THOMAS
Electronic Signature of Signing Officer/Director Detail
Date