

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11713 (7)
1. Corporation Name
FIRST HAITIAN BAPTIST CHURCH OF JESUS-CHRIST INC



Principal Place of Business 1489 SR C-209 RUSSELL RD GREEN COVE SPRINGS FL 32043 US	Mailing Address FIRST HAITIAN BAPTIST CHURCH P O BOX 1803 CHURCH OF JESUS CHRIST. INC ORANGE PARK FL 32073 US
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2. Principal Place of Business 21 1489 SR C-209 Russell Rd Suite, Apt. #, etc. 22 Green Cove Springs City & State 23 FLA. Zip 24 32043	2a. Mailing Address 26 P.O. Box 1803 Suite, Apt. #, etc. 27 Orange Park City & State 28 FLA. 32073 Zip 29 Clay Country 30
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3. Date Incorporated or Qualified 10/23/1985	3a. Date of Last Report 05/16/1995
4. FEI Number 59-2613400	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SILAC, JEAN S REV 141 HERCULES DR ORANGE PARK FL 32073	10. Name and Address of New Registered Agent 81 Name JEAN S SILAC 82 Street Address (P.O. Box Number is Not Acceptable) 141 Hercules Dr 83 Orange Park FLA. 84 City 32073 FL 85 Zip Code
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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 *Jeann S. Silac* (NOTE: Registered Agent signature required when reappointing) DATE *3-10-96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	1.2 NAME	
CITY-ST-ZIP	STREET ADDRESS	1.3 STREET ADDRESS	
	CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	2.2 NAME	
CITY-ST-ZIP	STREET ADDRESS	2.3 STREET ADDRESS	
	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	3.2 NAME	
CITY-ST-ZIP	STREET ADDRESS	3.3 STREET ADDRESS	
	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	4.2 NAME	
CITY-ST-ZIP	STREET ADDRESS	4.3 STREET ADDRESS	
	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	5.2 NAME	
CITY-ST-ZIP	STREET ADDRESS	5.3 STREET ADDRESS	
	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	6.2 NAME	
CITY-ST-ZIP	STREET ADDRESS	6.3 STREET ADDRESS	
	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Jeann S. Silac* DATE: *3-11-96* (904) 276-4325

CR2E037 (12/95)