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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11713 (7)

1. Corporation Name

FIRST HAITIAN BAPTIST CHURCH OF JESUS-CHRIST INC

Principal Place of Business

1489 SRC 209 RUSSELL
GREEN COVE SPRINGS FL 32043
US

Mailing Address

PO BOX 1803
ORANGE PARK FL 32067-1803
US



2. Principal Place of Business

21 1489 State Rd 209
Suite, Apt. #, etc.

22 RUSSELL Rd
City & State

23 GREEN COVE SPRINGS FL
Zip Country

24 32043 25 CLAY
26 PO BOX 1803
Suite, Apt. #, etc.

27
City & State

28 ORANGE PARK FL
Zip Country

29 32067 30 CLAY

2a. Mailing Address

26 PO BOX 1803
Suite, Apt. #, etc.

27
City & State

28 ORANGE PARK FL
Zip Country

29 32067 30 CLAY

3. Date Incorporated or Qualified
10/23/1985

3a. Date of Last Report
03/14/1996

4. FEI Number
59-2613400

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ 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 REV. JEAN S. SILAC
82 Street Address (P.O. Box Number is Not Acceptable)
141 HERCULES DR
83 ORANGE PARK FL 32073
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SILAC, JEAN S	
STREET ADDRESS	141 HERCULES DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SILAC, YVETTE	
STREET ADDRESS	141 HERCULES DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PIERRE, JEAN N.	
STREET ADDRESS	307 PEARWOOD	
CITY-ST-ZIP	MIDDLEBUR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEAN, FRITZNER J	
STREET ADDRESS	1736 POPLAR DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANZO, CAUDIO	
STREET ADDRESS	244 A PRINGLE CIRCLE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILAC, ZACHARY	
STREET ADDRESS	428 MADISON AVE, APT 17-C	
CITY-ST-ZIP	ORANGE PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JEAN JOSSEPH
5.3 STREET ADDRESS	CIVILUS 2556 PRINGLE CIR
5.4 CITY-ST-ZIP	MAGNOLIA SPRING APT 6C-83243
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: REV. JEAN S. SILAC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-97

Date

Daytime Phone # 0000041

CR2E037 (9/96)