


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90036 028 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N11713</b>					
1. Corporation Name <b>FIRST HAITIAN BAPTIST CHURCH OF JESUS-CHRIST INC</b>					
Principal Place of Business 14899 SR C 209 RUSSELL GREEN COVE SPRINGS FL 32043 US			Mailing Address PO BOX 1803 ORANGE PARK FL 32067 US		



2. Principal Place of Business 21 <b>141 HERCULES DR</b> Suite, Apt. #, etc. 22 <b>Orange Park</b> City & State 23 <b>Florida</b> Zip Country 24 <b>32073</b> 25 <b>CLAY</b>		2a. Mailing Address 26 <b>P.O. BOX 1803</b> Suite, Apt. #, etc. 27 <b>Orange Park</b> City & State 28 <b>Florida</b> Zip Country 29 <b>32067</b> 30 <b>CLAY</b>		3. Date Incorporated or Qualified <b>10/23/1985</b> 4. FEI Number <b>59-2613400</b> Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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9. Name and Address of Current Registered Agent <b>SILAC, JEAN S REV</b> <b>141 HERCULES DR</b> <b>ORANGE PARK FL 32073</b>				10. Name and Address of New Registered Agent 81 Name <b>JEAN S. SILIAC REV.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>141 Hercules DR</b> 83 <b>Orange Park FL 32073</b> 84 City <b>FL</b> 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 *Rev. Jean S. Siliac* DATE *02-26-99*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILIAC, JEAN S	1.2 NAME	
STREET ADDRESS	141 HERCULES DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILIAC, YVETTE	2.2 NAME	
STREET ADDRESS	141 HERCULES DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, JEAN N.	3.2 NAME	
STREET ADDRESS	307 PEARWOOD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBUR FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, FRITZNER J	4.2 NAME	
STREET ADDRESS	1736 POPLAR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSSELINE, JEAN	5.2 NAME	
STREET ADDRESS	CIVILUS 255 G PRINGLE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAGNOLIA SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILIAC, ZACHARY	6.2 NAME	
STREET ADDRESS	428 MADISON AVE, APT 17-C	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Rev. Jean S. Siliac*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02-26-99*  
Date Daytime Phone #

CR2E037 (11/98)