

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11713

1. Entity Name

FIRST HAITIAN BAPTIST CHURCH OF JESUS-CHRIST INC

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90169 015 ****61.25

Principal Place of Business

141 HERCULES DRIVE
ORANGE PARK FL 32073
US

Mailing Address

P.O. BOX 1803
ORANGE PARK FL 32067-1803
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

First Haitian Baptist Church
Suite, Apt. #, etc.
Orange Park
City & State
FLA

3. Mailing Address

P.O. Box 1803
Suite, Apt. #, etc.
Orange Park
City & State
FLA

4. FEI Number **59-2613400**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILAC, JEAN S REV
141 HERCULES DR
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name *REV. JEAN S. SILAC*
Street Address (P.O. Box Number is Not Acceptable)
141 HERCULES DR
Orange Park FLA
City *FL* Zip Code *32073*

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.

SIGNATURE

JEAN S. SILAC
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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. 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	JOSSELINE, JEAN	
STREET ADDRESS	CIVILUS 255 G PRINGLE CIR	
CITY-ST-ZIP	MAGNOLIA 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

JEAN S. SILAC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-00

CR2E037 (9/99)