2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # N11713** 1. Entity Name FIRST HAITIAN BAPTIST CHURCH OF JESUS-CHRIST INC 04-11-2001 90040 003 ****61.25 Principal Place of Business Mailing Address FIRST HAITIAN BAPTIST CHURCH P.O. BOX 1803 ORANGE PARK FL 32073 ORANGE PARK FL 32067 C0044998 HS 2. Principal Place of Business 3. Mailing Address 484 State Rd 209 Bo. BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2613400 Not Applicable ORange Park \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SILAC, JEAN S REV 141 HERCULES DR **ORANGE PARK FL 32073** Zip Code 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Addition NAME SILIAC, JEAN S NAME STREET ADDRESS STREET ADDRESS 141 HERCULES DR CITY-ST-7IP CITY-ST-ZIP ORANGE PARK FL TITLE ☐ Change Addition TITLE Delete SILIAC, YVETTE NAME NAME STREET ADDRESS 141 HERCULES DR STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ORANGE PARK FL ☐ Delete Change ■ Addition TITLE NAME

PIERRE, JEAN N. STREET ADDRESS STREET ADDRESS 307 PEARWOOD CITY-ST-ZIP CITY-ST-ZIP MIDDLEBUR FL TITLE ☐ Delete TITLE Change Addition NAME JEAN, FRITZNER J NAME STREET ADDRESS STREET ADDRESS 1736 POPLAR DR CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOSSELINI. JEAN NAME NAME STREET ADDRESS **CIVILUS 255 G PRINGLE CIR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAGNOLIA SPRINGS FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SILIAC, ZACHARY NAME STREET ADDRESS 428 MADISON AVE, APT 17-C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL

12. I hereby certify that the information supplied with this filling 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: △