

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90016 007 \*\*\*\*70.00

**DOCUMENT # N11713**

1. Entity Name

FIRST HAITIAN BAPTIST CHURCH OF JESUS-CHRIST  
INC.



Principal Place of Business

1689 STATE RD. 209  
GREEN COVE SPRINGS  
GREEN COVE SPRINGS FL 32043  
US

Mailing Address

P.O. BOX 1803  
ORANGE PARK FL 32067  
US

2. Principal Place of Business

1489 Russell Rd CR 209

Suite, Apt. #, etc.

Green Cove Springs FL

City & State

32043

Zip

Country

3. Mailing Address

P.O. BOX 1803

Suite, Apt. #, etc.

Orange Park, FL

City & State

32067

Zip

Country



MOORE

CR2E037 (11/03)

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

SILIA, JEAN REV  
141 HERCULES DR  
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name: Zachary Silia

Street Address (P.O. Box Number is Not Acceptable)

2850 W. Marion Ct.

City

Orange Park

FL

Zip Code

32065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Zachary Silia

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-04

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SILIA, JEAN S 141 HERCULES DR ORANGE PARK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SILIA, YVETTE 141 HERCULES DR ORANGE PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PIERRE, JEAN N. 307 PEARWOOD MIDDLEBUR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JEAN, FRITZNER J 1736 POPLAR DR ORANGE PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSSELINE, JEAN 243 B PRINGLE CIRCLE GREEN COVE SPRINGS FL 32043	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILIA, ZACHARY 2850 W. MARION CT. ORANGE PARK FL 32065	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Zachary Silia 2850 W. Marion Ct. Orange Park FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSSELINE CIVILUS 243 B PRINGLE CIRCLE GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSSELINE JEAN 464 Fox Lane ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Zachary Silia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-04

Date

Daytime Phone #