

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90040 039 *****70.00

DOCUMENT # N11713 1. Entity Name FIRST HAITIAN BAPTIST CHURCH OF JESUS-CHRIST INC.					
Principal Place of Business 1489 RUSSELL RD CR 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2613400	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SILIAC, ZACHARY 2850 W. MARION CT. ORANGE PARK FL 32065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Fritzner Jean</i> / <i>Fritzner Jean</i> 3/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILIAC, ZACHARY 2850 W. MARION CT ORANGE PARK FL 32065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasury Zachary Siliac 2850 W. Marion Ct. Orange Park FL 32065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SILIAC, YVETTE 141 HERCULES DR ORANGE PARK FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JEAN Sam Alexandre 244 D. PRINGLE CIRCLE GREEN COVE SPRINGS, FL 32043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERRE, JEAN N. 307 PEARWOOD MIDDLEBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Nicolas Pierre 307 PEARWOOD MIDDLEBURG FL	
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	P.D. Fritzner Jean 1736 Poplar Dr. Orange park FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIVILUS, JOSSELIN 243 B PRINGLE CIRCLE GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSELIN, JEAN 464 FOX LANE ORANGE PARK FL 32073	<input type="checkbox"/> Delete	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: <i>Fritzner Jean</i> FRITZNER JEAN 3/21/05 (904) 228-9270 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					