2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 21, 2007 8:00 am Secretary of State DOCUMENT # N11713 1. Entity Name 03-21-2007 90039 012 ****70.00 FIRST HAITIAN BAPTIST CHURCH OF JESUS-CHRIST INC. Principal Place of Business Mailing Address 1489 RUSSELL RD CR 209 GREEN COVE SPRINGS GREEN COVE SPRINGS FL 32043 P.O. BOX 1803 ORANGE PARK FL 32067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2613400 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRITZNER, JEAN Street Address (P.O. Box Number is Not Acceptable) 1736 POPLAR DR **ORANGE PARK FL 32073** City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11 V/5/D CR VICE PRESIDENT SENTENT Change TITLE ☐ Delete TITLE M Addition NAME SILIAC, ZACHARY NAME STREET ADDRESS STREET ADDRESS 2850 W. MARION CT CITY ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32065 ORANGE PARK FI TIFLE ☐ Delete ши ☐ Change ☐ Addition NAME NAM ALEXANDER, JEAN S STREET ADDRESS STREET ADDRESS 244 D. PRINGLE CIRCLE CSTY-ST-ZIE CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 IIILE TITLE Change ☐ Addition ☐ Delete NAME PIERRE, JEAN N. STREET ADDRESS STREET ADDRESS 307 PEARWOOD CITY-S1-ZIP MIDDLEBUR FL CITY-ST-ZIP TITLE □ Defete TITLE Change ☐ Addition NAME NAME JEAN, FRITZNER J STREET ADDRESS STREET ADDRESS 1736 POPLAR DR CITY-ST-ZIP CITY-S1-7IP ORANGE PARK FL HILE Delete TITLE ☐ Change Addition CIVILUS, JOSSELIN NAME NAM! STREET ADDRESS STREET ADDRESS 243 B PRINGLE CIRCLE CITY-ST-7IP **GREEN COVE SPRINGS FL 32043** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME JOSELIN, JEAN NAME STREET ADDRESS STREET ADDRESS 464 FOX LANE CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED