## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 14, 2008 8:00 am Secretary of State DOCUMENT # N11713 05-14-2008 90014 020 \*\*\*\*70.00 FIRST HAITIAN BAPTIST CHURCH OF JESUS-CHRIST INC. Principal Place of Business Mailing Address P.O. BOX 1803 ORANGE PARK FL 32067 1489 RUSSELL RD CR 209 GREEN COVE SPRINGS GREEN COVE SPRINGS FL 32043 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E037 (10/07) 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 FRITZNER, JEAN Street Address (P.O. Box Number is Not Acceptable) 1736 POPLAR DR Marion ORANGE PARK FL 32073 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE APOPLINAZ PROGRAMA PER A LO CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR D FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change SILIAC, ZACHARY zachary Siliac NAME NAME 2850 Womaricach 2850 W. MARION CT STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32065** CITY-ST-7IP CITY-ST-ZIP Orange Par TITLE ☐ Delete TITLE ALEXANDER, JEAN S NAME NAME 244 D. PRINGLE CIRCLE STREET ADDRESS STREET ADDRESS GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP CITY-ST-ZIP Park, Fl 3207 TITLE Delete TITLE Addition PIERRE, JEAN N. NAME NAME 307 PEARWOOD STREET ADDRESS STREET ADDRESS MIDDLEBUR FL CITY - ST - ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME JEAN, FRITZNER J NAME STREET ADDRESS 1736 POPLAR DR STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CIVILUS, JOSSELIN NAME 243 B PRINGLE CIRCLE STREET ADDRESS STREET ADDRESS GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete ☐ Change ☐ Addition JOSELIN, JEAN NAME NAME STREET ADDRESS 464 FOX LANE STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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.

SIGNATURE:

4-23-2008

**FILED**