2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State
09-05-2001 90006 044 ****61.25

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B00063557

1. Entity Name

EVANGELICAL CHRISTIAN HUMANITARIAN OUTREACH FOR

Principal Place of Business	Mailing Address
~~330 BISCAYNE BLVD.~~ ~~SUITE 620~~ ~~MIAMI FL 33132~~	999 PONCE DE LEON BLVD. SUITE 625 CORAL SPRINGS FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12425 SW 88th CT	P.O. Box 561954
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, Florida	Miami, Florida
City & State	City & State
Zip: 33176 Country: DADE	Zip: 33256 Country: DADE

4. FEI Number 65-0510432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BABUN, TEO A JR. ~~330 BISCAYNE BLVD.~~ ~~SUITE 620~~ ~~MIAMI FL 33132~~ 12425 SW 88th CT Miami, FL 33256	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D BABUN, TEO A JR. ~~330 BISCAYNE BLVD. #620~~ ~~MIAMI FL 33132~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 12425 SW 88th CT. Miami, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD ALLCORN, FRANK ~~330 BISCAYNE BLVD. #620~~ ~~MIAMI FL 33132~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 12425 SW 88th CT. Miami, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D SMITH, KENNETH DR. ~~330 BISCAYNE BLVD. #620~~ ~~MIAMI FL 33132~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 12425 SW 88th CT Miami, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HUGET, RAFAEL ~~330 BISCAYNE BLVD. #620~~ ~~MIAMI FL 33132~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 12425 SW 88th CT. Miami, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/01)

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: SIGNATURE REQUIRED 8/27/01 305-975-5354