# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000003233

1. Entity Name
EVANGELICAL CHRISTIAN HUMANITARIAN OUTREACH FOR CUBA, INC.

FILED
05 AUG 31 PM 4:47
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 12425 SW 88TH COURT<br>MIAMI, FL 33176 | P O BOX 561954<br>MIAMI, FL 33256 |

08162005 REIN-NP CR2E099 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| P.O. BOX 546135 | P.O. BOX 546135 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FL | City & State: MIAMI, FL |
| Zip: 33154 Country: USA | Zip: 33154 Country: USA |

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.<br>12425 SW 88TH COURT<br>MIAMI, FL 33256 | Name: BABUN, TEO A JR.<br>Street Address (P.O. Box Number is Not Acceptable): 9455 Collins Ave Unit 808<br>City: Surfside FL Zip Code: 33154 |

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 _____ DATE 8/18/05

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 | P/D<br>BABUN, TEO A JR.<br>12425 SW 88TH COURT<br>MIAMI, FL 33176 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>BABUN, TEO A JR.<br>P.O. BOX 546135<br>MIAMI, FL 33154 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSD<br>ALLCORN, FRANK<br>12425 SW 88TH COURT<br>MIAMI, FL 33176 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSD<br>ALLCORN, FRANK<br>P.O. BOX 546135<br>MIAMI, FL 33154 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>SMITH, KENNETH DR.<br>12425 SW 88TH COURT<br>MIAMI, FL 33176 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>SMITH, KENNETH DR.<br>P.O. BOX 546135<br>MIAMI, FL 33154 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>HEGEMAN, NEAL REV<br>12425 SW 88TH COURT<br>MIAMI, FL 33176 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>HEGEMAN, NEAL REV<br>P.O. BOX 546135<br>MIAMI, FL 33154 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>PEAROLT, RICHARD A<br>12425 SW 88TH COURT<br>MIAMI, FL 33176 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>DEAROLF, RICHARD A<br>P.O. BOX 546135<br>MIAMI, FL 33154 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BETUS, DAVIDS DR<br>12425 SW 88TH COURT<br>MIAMI, FL 33176 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BETUS, DAVIDS DR<br>P.O. BOX 546135<br>MIAMI, FL 33154 | ☒ Change ☐ Addition |

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08/31/05--01063--001 **122.50

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:** _____ 8/18/05 786-514-0429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #