

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90190 028 ****61.25

DOCUMENT # 734298

1. Entity Name

CHRISTIAN HAITIAN OUTREACH, INC.

Principal Place of Business

6347 N.W. 22ND COURT
 MARGATE 33063

Mailing Address

P.O. BOX 934545
 MARGATE FL 33093-4545
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7230824

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WORMAN, ELEANOR
 6347 NW 22ND CT
 MARGATE FL 33063

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.

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**

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LACAZE, ANNA M.	
STREET ADDRESS	6327 NW 22ND CT	
CITY-ST-ZIP	MARGATE FL 33063-2216	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PORTER, RUSSELL	
STREET ADDRESS	12193 EAST LUISANA ST.	
CITY-ST-ZIP	AURORA CO 80012	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WORKMAN, ELEANOR	
STREET ADDRESS	6347 NW 22ND CT	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPELAND, DAVID	
STREET ADDRESS	12525 NACOGDOCHES STE 110	
CITY-ST-ZIP	SAN ANTONIO, TX 78217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Eleanor Workman **REQUIRED** Eleanor Workman

Jan 6, 2000

(954) 972-3674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #