

**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	Mailing Address
6347 N.W. 22ND COURT MARGATE 33063	P.O.BOX 934545 MARGATE FL 33093-4545 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
23-7230824	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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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 912-3674  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #