

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734298

FILED
Apr 16, 2009
Secretary of State

Entity Name: CHRISTIAN HAITIAN OUTREACH, INC.

Current Principal Place of Business:

13438 SW 131ST ST.
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13438 SW 131ST ST.
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 23-7230824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORKMAN, ELEANOR
13438 SW 131ST ST.
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITTINGHAM, JACQUELYN F
Address: 958 DAVIS PKWY #54
City-St-Zip: HOMESTEAD, FL 33034

Title: D () Delete
Name: GARLOCK, RUTHANNE
Address: PO BOX 53
City-St-Zip: BULVERDE, TX 78163

Title: P () Delete
Name: WORKMAN, ELEANOR
Address: 6347 NW 22 COURT
City-St-Zip: POMPANO BEACH, FL 33063

Title: C () Delete
Name: COPELAND, BISHOP DAVID
Address: 12525 NACOGDOCHES RD.,STE 110
City-St-Zip: SAN ANTONIO, TX 782170000

Title: DS () Delete
Name: ALBERT, JAMES
Address: 1202 OLD EDGEFIELD ROAD
City-St-Zip: NORTH AUGUSTA, FL

Title: DM () Delete
Name: ROWE, JIMMIE
Address: 3930 TURNLEY AVE
City-St-Zip: OAKLAND, CA 94605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN F WHITTINGHAM

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date