

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrdum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734298** (3)

1. Corporation Name
CHRISTIAN HAITIAN OUTREACH, INC.

APPROVED
AND
FILED
MAY - 1 1995
800001491838
-05/17/95--01142--015
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6347 N.W. 22ND COURT 6347 N.W. 22ND COURT
MARGATE 33063 MARGATE 33063

3. Date Incorporated or Qualified **11/01/1975** 3a. Date of Last Report **03/03/1994**
4. FEI Number **23-7230824** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 P.O. Box 934545
23 City & State 28 City & State
24 Zip 25 Country 29 33093-4545 30 Country

9. Name and Address of Current Registered Agent
WORMAN, ELEANOR
6347 NW 22ND CT
MARGATE FL 33063

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS
TITLE **SO**
NAME **LACAZE, ANNA M**
STREET ADDRESS **6327 NW 22ND CT**
CITY - ST - ZIP **MARGATE FL 33063-2216**
TITLE **VTD**
NAME **STEINHART, RALPH (Deceased)**
STREET ADDRESS **R D 1**
CITY - ST - ZIP **WINFIELD, PA 00000**
TITLE **PO**
NAME **WORMAN, ELEANOR**
STREET ADDRESS **6347 NW 22ND CT**
CITY - ST - ZIP **MARGATE, FL 00000**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE Change Addition
22 NAME **VTD**
23 STREET ADDRESS **Porter, Russell**
24 CITY - ST - ZIP **12193 East Louisiana St. Aurora, CO. 80012**
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Eleanor Worman* **Eleanor Worman** 5/15/95 305/972-3674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)