

**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

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

DOCUMENT # **734298** (3)

1. Corporation Name  
**CHRISTIAN HAITIAN OUTREACH, INC.**

Principal Place of Business Mailing Address  
**6347 N.W. 22ND COURT 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 Zip **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SO</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LACAZE, ANNA M</b>	12 NAME	
STREET ADDRESS	<b>6327 NW 22ND CT</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MARGATE FL 33063-2216</b>	14 CITY - ST - ZIP	
TITLE	<b>VTD</b>	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINHART, RALPH (Deceased)</b>	22 NAME	
STREET ADDRESS	<b>R D 1</b>	23 STREET ADDRESS	<b>VTD</b>
CITY - ST - ZIP	<b>WINFIELD, PA 00000</b>	24 CITY - ST - ZIP	<b>Porter, Russell</b>
TITLE	<b>PO</b>	25 STREET ADDRESS	<b>12193 East Louisiana St.</b>
NAME	<b>WORMAN, ELEANOR</b>	26 CITY - ST - ZIP	<b>Aurora, CO. 80012</b>
STREET ADDRESS	<b>6347 NW 22ND CT</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<b>MARGATE, FL 00000</b>	32 NAME	
TITLE		33 STREET ADDRESS	
NAME		34 CITY - ST - ZIP	
STREET ADDRESS		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		42 NAME	
TITLE		43 STREET ADDRESS	
NAME		44 CITY - ST - ZIP	
STREET ADDRESS		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		52 NAME	
TITLE		53 STREET ADDRESS	
NAME		54 CITY - ST - ZIP	
STREET ADDRESS		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		62 NAME	<b>2018</b>
TITLE		63 STREET ADDRESS	<b>5-1-95</b>
NAME		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 5/1/95 305/972-3674  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)