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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 734298 (3)

1. Corporation 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

3. Date Incorporated or Qualified: 11/01/1975  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 23-7230824  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Zip: 24  
Country: 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORMAN, ELEANOR  
6347 NW 22ND CT  
MARGATE FL 33063

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 3 columns: TITLE, NAME, ADDRESS (STREET, CITY-ST-ZIP). Includes entries for Anna M Lacaze, Russell Porter, and Eleanor Workman.

Table with 3 columns: TITLE, NAME, ADDRESS (STREET, CITY-ST-ZIP). Includes fields for Change and Addition.

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eleanor Workman 1-6-97

Date: 1/6/97  
Daytime Phone #: 305-972-3674

CR2E037 (9/96)