

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90089 050 \*\*\*\*61.25

**DOCUMENT # 734298**

1. Entity Name

**CHRISTIAN HAITIAN OUTREACH, INC.**

Principal Place of Business Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

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

Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORMAN, ELEANOR**  
 6347 NW 22ND CT  
 MARGATE FL 33063

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

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD LACAZE, ANNA M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6327 NW 22ND CT	
CITY-ST-ZIP	MARGATE FL 33063-2216	
TITLE NAME	VTD PORTER, RUSSELL	<input type="checkbox"/> Delete
STREET ADDRESS	12193 EAST LUISANA ST.	
CITY-ST-ZIP	AURORA CO 80012	
TITLE NAME	PD WORKMAN, ELEANOR	<input type="checkbox"/> Delete
STREET ADDRESS	6347 NW 22ND CT	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	SD GOLATT, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11610 SW 136TH ST.	
CITY-ST-ZIP	MIAMI, FL 33176-6200	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *JAMES GOLATT* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JAMES GOLATT** Date **1/15/2001** Daytime Phone # **954-972-3674**

CR2E037 (10/00)