

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734298

**FILED
Apr 16, 2004
Secretary of State**

Entity Name: CHRISTIAN HAITIAN OUTREACH, INC.

Current Principal Place of Business:

6347 N.W. 22ND COURT
MARGATE, 33063

New Principal Place of Business:

6347 N.W. 22ND COURT
MARGATE, FL 33063

Current Mailing Address:

P.O.BOX 934545
MARGATE, FL 330934545 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:

WORMAN, ELEANOR
6347 NW 22ND CT
MARGATE, FL 33063 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: SD () Delete
Name: WHITTINGHAM, JACQUELYN F
Address: 1665 SW 3 COURT
City-St-Zip: HOMESTEAD, FL 33030

Title: VTD () Delete
Name: PORTER, RUSSELL
Address: 12193 EAST LUISANA ST.
City-St-Zip: AURORA, CO 80012

Title: SD () Delete
Name: GOLATT, JAMES
Address: 11610 SW 136TH ST.
City-St-Zip: MIAMI, FL 331766200

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

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

SD

04/16/2004

Electronic Signature of Signing Officer or Director

Date