


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

06-13-2008 90001 028 ****70.00

DOCUMENT # 734298

1. Entity Name
CHRISTIAN HAITIAN OUTRÉACH, INC.



Principal Place of Business
 13438 SW 131ST ST.
 MIAMI, FL 33186 US

Mailing Address
 13438 SW 131ST ST.
 MIAMI, FL 33186 US

66015318



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04092008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 23-7230824

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WORKMAN, ELEANOR
 13438 SW 131ST ST.
 MIAMI, FL 33186

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITTINGHAM, JACQUELYN F <input type="checkbox"/> Delete 1665 SW 3 COURT HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARLOCK, RUTHANNE <input type="checkbox"/> Delete PO BOX 53 BULVERDE, TX 78163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WORKMAN, ELEANOR <input type="checkbox"/> Delete 6347 NW 22 COURT POMPANO BEACH, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COPELAND, BISHOP DAVID <input type="checkbox"/> Delete 12525 NACOGDOCHES RD., STE 110 SAN ANTONIO, TX 782170000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Whittingham, Jacquelyn F. 958 Davis Prkwy #54 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Garlock, Ruthanne P.O. Box 53 Bulverde, TX 78163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Albert James (D)/(S) 1202 Old Edgefield Road North Augusta,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jimmie Rowe (D)/(M) 3930 Turnley Avenue Oakland, CA 94605

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Jacquelyn Whittingham 6/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #