

FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000000174 (9)

1. Corporation Name

ATLANTA OUTREACH FOR THE HOMELESS FOUNDATION, IN C.



Principal Place of Business		Mailing Address	
PO BOX 3541 HIALEAH FL 33013		PO BOX 3541 HIALEAH FL 33013	

3. Date Incorporated or Qualified	01/09/1997
4. FEI Number	58-2161801
Applied For	Not Applicable

21. Principal Place of Business	2a. Mailing Address
2851 E. 8th Ave	P.O. BOX 3541
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State
Hialeah, FL 33013	Hialeah, FL
23. Zip	28. Zip
33013	33013
25. Country	30. Country
USA	

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
ANDERSON-CROWDER, DIONNE 2851 E. 8TH AVE. HIALEAH FL 33013	

10. Name and Address of New Registered Agent	
81 Name	DR. ESTEBAN ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable)	2851 E. 8th Ave
83	
84 City	Hialeah
85 State	FL
86 Zip Code	33013

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	DR. ESTEBAN ANDERSON, President
NAME	ANDERSON-CROWDER, DIONNE	1.2 NAME	DR. ESTEBAN ANDERSON
STREET ADDRESS	2851 E. 8TH AVE	1.3 STREET ADDRESS	2851 E 8th Ave
CITY-ST-ZIP	HIALEAH FL 33013	1.4 CITY-ST-ZIP	Hialeah FL 33013
TITLE	PVCT	2.1 TITLE	vice President + Director
NAME	PORTER, LUSANDA	2.2 NAME	Dionne Anderson
STREET ADDRESS	6903 SPREAD LONG DRIVE	2.3 STREET ADDRESS	2851 E 8th Ave
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	2.4 CITY-ST-ZIP	Hialeah FL 33013
TITLE	S	3.1 TITLE	Secretary + Director
NAME	CROWDER, DIONNE	3.2 NAME	Carmen Rivera
STREET ADDRESS	2851 E. 8TH AVE.	3.3 STREET ADDRESS	9381 SW 63rd Street
CITY-ST-ZIP	HIALEAH FL 33013	3.4 CITY-ST-ZIP	Miami FL 33173
TITLE		4.1 TITLE	Cynthia McBean + Director
NAME		4.2 NAME	Cynthia McBean
STREET ADDRESS		4.3 STREET ADDRESS	Treasure
CITY-ST-ZIP		4.4 CITY-ST-ZIP	2091 NW 193rd Ave Miami, FL 33056
TITLE		5.1 TITLE	Asst. Secretary + Director
NAME		5.2 NAME	Nilda Pereny
STREET ADDRESS		5.3 STREET ADDRESS	67 South Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami Springs, FL 33106
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	DR. ESTEBAN ANDERSON, President	<input checked="" type="checkbox"/> Addition
1.2 NAME	DR. ESTEBAN ANDERSON	<input checked="" type="checkbox"/> Addition
1.3 STREET ADDRESS	2851 E 8th Ave	<input checked="" type="checkbox"/> Addition
1.4 CITY-ST-ZIP	Hialeah FL 33013	<input checked="" type="checkbox"/> Addition
2.1 TITLE	vice President + Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dionne Anderson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	2851 E 8th Ave	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP	Hialeah FL 33013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Secretary + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carmen Rivera	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.3 STREET ADDRESS	9381 SW 63rd Street	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.4 CITY-ST-ZIP	Miami FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	Cynthia McBean + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cynthia McBean	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3 STREET ADDRESS	Treasure	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.4 CITY-ST-ZIP	2091 NW 193rd Ave Miami, FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	Asst. Secretary + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nilda Pereny	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS	67 South Avenue	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.4 CITY-ST-ZIP	Miami Springs, FL 33106	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 _____ DATE 4/29/98

CR2E037 (10/97)