

FILE NOW: FILING FEE IS \$61.25

FILED

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

2. Principal Place of Business	2a. Mailing Address
21 2851 E. 8th Ave	26 P.O. BOX 3541
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Hialeah, FL 33013	28 Hialeah, FL
Zip	Zip
24 33013	29 33013
Country	Country
25 USA	30

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
FL 85 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	
TITLE	C <input type="checkbox"/> DELETE
NAME	ANDERSON-CROWDER, DIONNE
STREET ADDRESS	2851 E. 8TH AVE
CITY-ST-ZIP	HIALEAH FL 33013
TITLE	PVCT <input checked="" type="checkbox"/> DELETE
NAME	PORTER, LUSANDA
STREET ADDRESS	6903 SPREAD LONG DRIVE
CITY-ST-ZIP	STONE MOUNTAIN GA 30087
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	CROWDER, DIONNE
STREET ADDRESS	2851 E. 8TH AVE.
CITY-ST-ZIP	HIALEAH FL 33013
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DR. Esteban Anderson, President <input checked="" type="checkbox"/> Addition
1.2 NAME	2851 E 8th Ave <input checked="" type="checkbox"/> Addition
1.3 STREET ADDRESS	Hialeah FL 33013
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice President + Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dionne Anderson
2.3 STREET ADDRESS	2851 E 8th Ave
2.4 CITY-ST-ZIP	Hialeah FL 33013
3.1 TITLE	Secretary + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carmen Rivera
3.3 STREET ADDRESS	9381 SW 63rd Street
3.4 CITY-ST-ZIP	Miami FL 33173
4.1 TITLE	Cynthia McBean + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	2091 NW 193rd Ave
4.4 CITY-ST-ZIP	Miami FL 33056
5.1 TITLE	Asst. Secretary + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nilda Perez
5.3 STREET ADDRESS	6750 SW 11th Ave
5.4 CITY-ST-ZIP	Miami Springs FL 33166
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 _____ 4/29/98

CR2E037 (10/97)