


FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90127 087 *****8.75
 05-03-1999 90127 088 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000000174 1. Corporation Name ATLANTA OUTREACH FOR THE HOMELESS FOUNDATION, INC.		
Principal Place of Business 2851 E 8TH AVENUE HIALEAH FL 33013 US	Mailing Address PO BOX 3541 HIALEAH FL 33013	



2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 01/09/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 58-2161801
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Hialeah, FL 84 City FL 85 Zip Code 33013
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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: Dr. Esteban Anderson DATE: 4-23-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ANDERSON, DR. ESTEBAN	1.1 TITLE	
NAME	2851 E. 8TH AVE	1.2 NAME	
STREET ADDRESS	HIALEAH FL 33013	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VPD	ANDERSON, DIONNE	2.1 TITLE	
NAME	2851 E 8TH AVENUE	2.2 NAME	
STREET ADDRESS	HIALEAH FL 33013	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE S	RIVERA, CARMEN	3.1 TITLE	
NAME	9381 SW 63RD STREET	3.2 NAME	
STREET ADDRESS	MIAMI FL 33173	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE DT	MCBEAN, CYNTHIA	4.1 TITLE	
NAME	2001 NW 183RD TERRACE	4.2 NAME	
STREET ADDRESS	MIAMI FL 33056	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ASD	PEREZ, NILDA	5.1 TITLE	
NAME	67 SOUTH DRIVE	5.2 NAME	
STREET ADDRESS	MIAMI SPRINGS FL 33166	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Dr. Esteban Anderson SIGNATURE REQUIRED
 DATE: 4-23-99 DAYTIME PHONE #: 305-693-0484

CR2E037 (1/98)