

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003233

FILED
Jan 17, 2009
Secretary of State

Entity Name: EVANGELICAL CHRISTIAN HUMANITARIAN OUTREACH FOR CUBA, INC.

Current Principal Place of Business:

5465 NW 36 STREET
MIAMI, FL 33166

New Principal Place of Business:

7400 NW 7 STREET
SUITE 101
MIAMI, FL 33126

Current Mailing Address:

P.O BOX 546135
MIAMI, FL 33154

New Mailing Address:

FEI Number: 65-0510432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BABUN, TEO A JR.
9455 COLLINS AVE, UNIT 808
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

BABUN, TEO A JR.
9455 COLLINS AVE
UNIT 808
SURFSIDE, FL 33154 US

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:

01/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BABUN, TEO A JR.
Address: P.O.BOX 546135
City-St-Zip: MIAMI, FL 33154

Title: TSD () Delete
Name: ALLCORN, FRANK
Address: P.O.BOX 546135
City-St-Zip: MIAMI, FL 33154

Title: VPD () Delete
Name: SMITH, KENNETH DR
Address: P.O.BOX 546135
City-St-Zip: MIAMI, FL 33154

Title: VPD () Delete
Name: THOMAS, DANIEL
Address: P.O.BOX 546135
City-St-Zip: MIAMI, FL 33154

Title: VPD () Delete
Name: DEAROLF, RICHARD A
Address: P.O.BOX 546135
City-St-Zip: MIAMI, FL 33154

Title: D () Delete
Name: MATEU, RODNEY J
Address: P.O.BOX 546135
City-St-Zip: MIAMI, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RAMOS, MARCOS A DR
Address: P.O.BOX 546135
City-St-Zip: MIAMI, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WILLIAMS, PAUL DR.
Address: P.O.BOX 546135
City-St-Zip: MIAMI, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TEO A. BABUN, JR.

P/D

01/17/2009

Electronic Signature of Signing Officer or Director

Date