

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008702

FILED
Apr 22, 2009
Secretary of State

Entity Name: HARBOR OF HOPE AT THE PORT OF PALM BEACH, INC.

Current Principal Place of Business:

1EAST 11TH STREET
SUITE 400
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1EAST 11TH STREET
SUITE 400
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 20-5401475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADDELL, CLAYTON T REV
1 EAST 11TH STREET
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DI () Delete
Name: HOFFMAN, ARRON
Address: 1 EAST 11TH STREET SUITE 400
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: PRES () Delete
Name: KACZWARA, JARRA
Address: 1 EAST 11TH STREET SUITE 400
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: T () Delete
Name: WADDELL, CLAYTON
Address: 13114 COASTAL CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: SEC () Delete
Name: ANDREWWIN, MICHELLE
Address: 1 EAST 11TH STREET SUITE 400
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CLAYTON B. WADDELL

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04/22/2009

Electronic Signature of Signing Officer or Director

Date