

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008702

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**Current Mailing Address:**1EAST 11TH STREET
SUITE 400
RIVIERA BEACH, FL 33404**FEI Number:** 20-5401475**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WADDELL, CLAYTON TREV
1 EAST 11TH STREET
RIVIERA BEACH, FL 33404 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DI
Name	HOFFMAN, ARRON
Address	1 EAST 11TH STREET SUITE 400
City-State-Zip:	RIVIERA BEACH FL 33404

Title	T
Name	WADDELL, CLAYTON
Address	13114 COASTAL CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	GOODNER, PHYLLIS
Address	1EAST 11TH STREET SUITE 400
City-State-Zip:	RIVIERA BEACH FL 33404

Title	BOARD MEMBER
Name	JASPER, DAVID
Address	1EAST 11TH STREET SUITE 400
City-State-Zip:	RIVIERA BEACH FL 33404

Title	BOARD MEMBER
Name	VAN HEMERT, JOHN
Address	1EAST 11TH STREET SUITE 400
City-State-Zip:	RIVIERA BEACH FL 33404

Title	BOARD MEMBER
Name	LEARY, JAMES
Address	1EAST 11TH STREET SUITE 400
City-State-Zip:	RIVIERA BEACH FL 33404

Title	DIRECTOR
Name	SMITH, RUSSELL
Address	1EAST 11TH STREET SUITE 400
City-State-Zip:	RIVIERA BEACH FL 33404

I hereby 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 all other like empowered.

SIGNATURE: CLAYTON B. WADDELL

TREASUER

03/22/2014

Electronic Signature of Signing Officer/Director Detail_____
Date