


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

05 MAY 26 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768234					
1. Entity Name HELP BECOMES HOPE, INC					
Principal Place of Business 5200 EAST AVENUE WEST PALM BEACH, FL 33407-2374			Mailing Address 5200 EAST AVENUE WEST PALM BEACH, FL 33407-2374		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 59-2347305	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLEN, TERRY H HANLEY CENTER, INC 5200 EAST AVENUE WEST PALM BEACH, FL 33407			Name		
			Street Address (P O Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MESSING, GILBERT		NAME		
STREET ADDRESS	632 FERN ST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARP, MICHAEL T		NAME		
STREET ADDRESS	1495 FOREST HILL BLVD. SUITE A		STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 33406		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANLEY, MARY JANE		NAME		
STREET ADDRESS	600 ST ANNE'S LN		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH, FL 32967		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANLEY, JOHN W SR		NAME		
STREET ADDRESS	600 ST ANNE'S LN		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH, FL 32967		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, JAMES JR		NAME		
STREET ADDRESS	1249 BREAKERS WEST BLVD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANLEY, MICHAEL J		NAME		
STREET ADDRESS	1201 PEACHTREE ST. NE, STE 2200		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30361		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



05112005 Chg-NP CR2E037 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

400055973294
06/09/05--01038--017 **\$1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HELP BECOMES HOPE, INC.
DOCUMENT NO. 768234**

**2005 Not-For-Profit Corporation
Amended Annual Report
Additional Directors**

D

Dr. William Adkins
1530 39th Street
West Palm Beach, FL 33407

D

Mr. Robert D. Critton
Burman, Critton, Luttier & Coleman
5125 N. Flagler Drive, Suite 400
West Palm Beach, Florida 33401

D

Ms. Anne Keresey
145 Peruvian Way, #302
Palm Beach, FL 33480

D

Mr. Philip D. Lewis
317 Edmar Road
West Palm Beach, FL 33405

D

Mr. Thomas E. Rossin
1768 Gulfstream Way
West Palm Beach, FL 33411