

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90111 027 ****61.25

0010605

DOCUMENT # N00000007284

1. Entity Name

HOPE HOUSE COMMUNITY DEVELOPMENT CORPORATION, INC.



Principal Place of Business: C/O HOPE HOUSE OF THE PALM BEACHES, INC. 2001 PALM BEACH LAKES BLVD. STE 204 W PALM BEACH FL 33409
Mailing Address: C/O HOPE HOUSE OF THE PALM BEACHES, INC. 2001 PALM BEACH LAKES BLVD. STE 204 W PALM BEACH FL 33409

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2690393** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, HALSTEAD
C/O HOPE HOUSE OF THE PALM BEACHES, INC.
2001 PALM BEACH LAKES BLVD, STE 204
W PALM BEACH FL 33409

Name: Angela V. ROSE
Street Address (P.O. Box Number is Not Acceptable): Hope House of the Palm Beaches, Inc.
2001 Palm Beach Lakes Blvd. Suite 204
City: West Palm Beach FL Zip Code: 33409

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: Angela V. Rose Angela V. Rose - Executive Director DATE: 9/2/03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE	ED	<input type="checkbox"/> Delete
NAME	ROSE, ANGELA	
STREET ADDRESS	C/O HOPE HOUSE OF THE PALM BEACHES, INC.	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEVER, LISA	
STREET ADDRESS	C/O HOPE HOUSE OF THE PALM BEACHES, INC.	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN-BROWN, PAULETTE	
STREET ADDRESS	C/O HOPE HOUSE OF THE PALM BEACHES, INC.	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STIEBEL-CHIN, GRETA	
STREET ADDRESS	C/O HOPE HOUSE OF THE PALM BEACHES, INC.	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Deputy Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clifton Wilson	
STREET ADDRESS	C/O HOPE HOUSE OF THE PALM BEACHES	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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: Angela V. Rose Angela V. Rose - Executive Director DATE: 9/2/03 DAYTIME PHONE # 561-697-2600

CR2E037 (4/03)