

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2690393**

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

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
West Palm Beach FL 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

9/2/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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** ☐ Delete
NAME **ROSE, ANGELA**
STREET ADDRESS **C/O HOPE HOUSE OF THE PALM BEACHES, INC.**
CITY-ST-ZIP **W PALM BEACH FL 33409**

TITLE **Deputy Executive Director** ☐ Change ☒ Addition
NAME **Clifton Wilson**
STREET ADDRESS **C/O HOPE HOUSE OF THE PALM BEACHES**
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE **PD** ☐ Delete
NAME **DEVER, LISA**
STREET ADDRESS **C/O HOPE HOUSE OF THE PALM BEACHES, INC.**
CITY-ST-ZIP **W PALM BEACH FL 33409**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☒ 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 ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ 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 ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

Executive Director 9/2/03 561-697-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)