

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90443 020 ****61.25



DOCUMENT # N04000000709

1. Entity Name

DISABILITY HOUSING INITIATIVE OF PALM BEACH, INC.

Principal Place of Business

**4958 S. DAVIS ROAD
LAKE WORTH FL 33461**

Mailing Address

**4958 S. DAVIS ROAD
LAKE WORTH FL 33461**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4988 South Davis Road

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Lake worth Florida

4. FEI Number

65-1195135

Applied For

Not Applicable

Zip

Country

Zip

33461

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, CHRIS
4958 S. DAVIS ROAD
LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2005**

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

TITLE **DPS** ☐ Delete
NAME **HAYES, CHRIS**
STREET ADDRESS **4958 S. DAVIS ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **DT** ☒ Delete
NAME **HARDEN, MARGIE**
STREET ADDRESS **16158 S. MILITARY TRAIL**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **D** ☒ Delete
NAME **LINDSEY, JAIME**
STREET ADDRESS **4958 S. DAVIS ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** ☐ Delete
NAME **SULLIVAN, JASON**
STREET ADDRESS **4958 S. DAVIS ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** ☐ Delete
NAME **CHAIRELLA, IRENE**
STREET ADDRESS **4958 S. DAVIS ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** ☐ Delete
NAME **SCALF, KELLY**
STREET ADDRESS **4958 S. DAVIS ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Treasurer / Director
Audrey Fieg ☒ Change ☐ Addition
Apt 202 Southern Cross Lane
Boynton Beach FL 33436

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

Date

561-432-7140

Daytime Phone #