

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002259

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** FAMILY PROMISE OF SOUTH PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

7805 NW BEACON SQUARE BLVD.  
SUITE 205  
BOCA RATON, FL 33487

**New Principal Place of Business:**

840 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

7805 NW BEACON SQUARE BLVD.  
SUITE 205  
BOCA RATON, FL 33487

**New Mailing Address:**

P.O. BOX 83-2106  
DELRAY BEACH, FL 33483

**FEI Number:** 56-2656166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COX, HENRICUS  
5815 WINDSOR CT  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

Kaelin, Christian E  
511 NE Waterway Lane  
Boca Raton, FL 33432 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: CHRISTIAN E. KAELIN

04/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COX, HENRICUS  
Address: 5815 WINDSOR CT  
City-St-Zip: BOCA RATON, FL 33496

Title: V ( ) Delete  
Name: SOMERS, FAYE  
Address: 18961 CLOUD LAKE CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: S ( ) Delete  
Name: ARNOLD, ROSE M  
Address: 6714 CANARY PALMS CIRCLE  
City-St-Zip: BOCA RATON, FL 33433

Title: T ( ) Delete  
Name: KAELIN, CHRIS  
Address: 511 NE WATERWAY LN  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTIAN E. KAELIN

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date