

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:15

DOCUMENT # **N21276** (3)

1. Corporation Name  
**HOPE HOUSE OF THE PALM BEACHES, INC.**

Principal Place of Business Mailing Address  
**3001 PALM BEACH LAKES SUITE 500 WEST PALM BEACH FL 33409 US**  
**POST OFFICE BOX 6905 WEST PALM BEACH FL 33405-6905**

DO NOT WRITE IN THIS SPACE

3. Data Incorporated or Qualified <b>06/23/1987</b>	3a. Date of Last Report <b>02/08/1994</b>
4. FEI Number <b>59-2690393</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>CIOTTI, P.G. 2001 PALM BEACH LAKES, SUITE 500 WEST PALM BEACH FL 33409</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ED</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIOTTI, P.G.</b>	12 NAME	
STREET ADDRESS	<b>2001 PALM BEACH LAKES SUITE 500</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	14 CITY - ST - ZIP	
TITLE	<b>PD</b>	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINLAN, PATRICK</b>	22 NAME	<b>PD. BENSON, HAL</b>
STREET ADDRESS	<b>701 CLEMATIS ST</b>	23 STREET ADDRESS	<b>6501 NORTH FEDERAL HWY</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	24 CITY - ST - ZIP	<b>BOCA RATON, FL</b>
TITLE	<b>VD</b>	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENSON, HAL</b>	32 NAME	<b>CONNORS, MICHAEL</b>
STREET ADDRESS	<b>6501 NORTH FEDERAL ST</b>	33 STREET ADDRESS	<b>515 N. FLAGLER DR SUITE 100</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>	34 CITY - ST - ZIP	<b>WEST PALM BEACH, FL</b>
TITLE	<b>VD</b>	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONNORS, MICHAEL</b>	42 NAME	<b>WAGNER, JULIE</b>
STREET ADDRESS	<b>515 N FLAGLER DR SUITE 1700</b>	43 STREET ADDRESS	<b>1818 S. AUSTRALIAN AVE SUITE 450</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	44 CITY - ST - ZIP	<b>WEST PALM BEACH, FL</b>
TITLE	<b>SD</b>	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGNER, JULIE</b>	52 NAME	<b>MIHELLE, NANCY</b>
STREET ADDRESS	<b>1818 S. AUSTRALIAN AVE SUITE 450</b>	53 STREET ADDRESS	<b>125 WORTH AVE STE #100</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	54 CITY - ST - ZIP	<b>ARLON BEACH, FL</b>
TITLE	<b>TD</b>	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, DANIEL S</b>	62 NAME	<b>HALL, DANIEL</b>
STREET ADDRESS	<b>222 ROYAL PALM WAY</b>	63 STREET ADDRESS	<b>333 Colonial Rd</b>
CITY - ST - ZIP	<b>WEST PALM BCH FL</b>	64 CITY - ST - ZIP	<b>WEST PALM BEACH, FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 as a director, officer, or owner in accordance with an address.

SIGNATURE: P.G. Ciotti **2-20-95** **407-697-2600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)