

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 01 1997 8:00am
Secretary of State

DOCUMENT #
1. Corporation Name

N21276

HOPE HOUSE OF THE PALM BEACHES

Principal Place of Business

Mailing Address

**2001 Palm Beach Lakes
Blvd. Ste. 500
West Palm Beach, Fl.
33409**

**P. O. Box 4562
West Palm Beach, Fl.
33402**

100002129681
-04/01/97--01017--009
*****70.00**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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3. Date Incorporated or Qualified
06/23/87

3a. Date of Last Report
02/08/96

4. FEI Number

59-2690393

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**Ciotti, P. G.
2001 Palm Beach Lakes Blvd. Ste. 500
West Palm Beach, Fl. 33409**

10. Name and Address of New Registered Agent

61 Name

David Walker

62 Street Address (P.O. Box Number is Not Acceptable)

2001 Palm Beach Lakes Blvd., Ste. 500

63

64 City **West Palm Beach**

FL

65

Zip 33409

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

David Walker, Executive Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	Ciotti, P.G.	
STREET ADDRESS	2001 Palm Beach Lakes Blvd.	
CITY - ST - ZIP	West Palm Beach, Fl. 33409	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Benson, Hal	
STREET ADDRESS	6501 North Federal Hwy.	
CITY - ST - ZIP	Boca Raton, Fl.	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	Connors, Michael	
STREET ADDRESS	515 N. Flagler Dr.	
CITY - ST - ZIP	West Palm Beach, Fl.	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	Wagner, Julie	
STREET ADDRESS	1818 S. Australian Ave. Ste. 450	
CITY - ST - ZIP	West Palm Beach, Fl.	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	Mizelle, Nancy	
STREET ADDRESS	125 Worth Ave. Ste. 100	
CITY - ST - ZIP	Palm Beach, Fl.	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	Hall, Daniel	
STREET ADDRESS	333 Colonial Rd.	
CITY - ST - ZIP	West Palm Beach, Fl.	

1.1 TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Walker, David	
1.3 STREET ADDRESS	2001 Palm Beach Lakes Blvd. Ste. 500	
1.4 CITY - ST - ZIP	West Palm Beach, Fl. 33409	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Connors, Michael	
2.3 STREET ADDRESS	515 N. Flagler Dr., Ste. 1800	
2.4 CITY - ST - ZIP	West Palm Beach, Fl. 33401	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dolce, Julie	
3.3 STREET ADDRESS	108 Harbor Lake Circle	
3.4 CITY - ST - ZIP	West Palm Beach Fl. 33413	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Allison, Richard	
4.3 STREET ADDRESS	220 Sunrise Ave. Ste. 211	
4.4 CITY - ST - ZIP	Palm Beach, Fl. 33480	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Stout, Zoe	
5.3 STREET ADDRESS	240 Churchill Rd.	
5.4 CITY - ST - ZIP	West Palm Beach, Fl. 33405	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Washington, William	
6.3 STREET ADDRESS	1541 W. Blue Herron Blvd.	
6.4 CITY - ST - ZIP	Riviera Beach, Fl. 33404	

14. I do 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 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 the 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, if changed, or on an attachment with an address.

SIGNATURE:

David Walker, Executive Director

561-697-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)