

FILED

Jun 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # N21276 (3)

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

Principal Place of Business Mailing Address
2001 PALM BEACH LAKES SUITE 500 WEST PALM BEACH FL 33409 US
POST OFFICE BOX 4562 WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified
06/23/1987

4. FEI Number
59-2690393

Applied For
Not Applicable

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 29 County 30 County

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, DAVID
2001 PALM BEACH LAKES, SUITE 500
WEST PALM BEACH FL 33409

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 610.1502 and 610.1503, 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 610.1503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS	
TITLE	ED	TITLE	
NAME	WALKER, DAVID	NAME	
STREET ADDRESS	2001 PALM BEACH LAKES SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	CONNERS, MICHAEL	NAME	
STREET ADDRESS	515 N FLAGLER DR. STE. 1800	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	
TITLE	VD	TITLE	VD
NAME	DOLCE, JULIE	NAME	ZOE STOUT
STREET ADDRESS	108 HARBOR LAKE CIRCLE	STREET ADDRESS	240 Churchill Rd.
CITY-ST-ZIP	WEST PALM BEACH FL 33413	CITY-ST-ZIP	West Palm Beach FL 33409
TITLE	VD	TITLE	
NAME	ALLISON, RICHARD	NAME	
STREET ADDRESS	220 SUNRISE AVE. STE. 211	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	
TITLE	SD	TITLE	SD
NAME	STOUT, ZOE	NAME	TANVA HODGE
STREET ADDRESS	240 CHURCHILL RD.	STREET ADDRESS	134 CHILKIN AVE
CITY-ST-ZIP	WEST PALM BEACH FL 33405	CITY-ST-ZIP	Palm Beach FL 33480
TITLE	TD	TITLE	
NAME	WASHINGTON, WILLIAM S	NAME	
STREET ADDRESS	1541 W. BLUE HERRON BLVD.	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	CITY-ST-ZIP	

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 610.1503, 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; that the receiver or trustee is empowered to execute this report as required by Chapter 610, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an appointment with an address.

SIGNATURE: _____ DATE: 06/03/98 (561) 697-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
as President, Board of Directors

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