

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90009 010 ****70.00

DOCUMENT # N21276

1. Entity 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

2. Principal Place of Business

2001 Palm Beach Lakes Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2690393

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** Delete
 NAME **WALKER, DAVID**
 STREET ADDRESS **2001 PALM BEACH LAKES SUITE 500**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **1st Vice President** Change Addition
 NAME **Prewitt Coleman**
 STREET ADDRESS **2001 Palm Beach Lakes Blvd., Suite 500**
 CITY-ST-ZIP **West Palm Beach, Fl 33409**

TITLE **PD** Delete
 NAME **STOUT, ZOE**
 STREET ADDRESS **240 CHURCHILL ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **2nd Vice President** Change Addition
 NAME **Stiebel-Chin Greta**
 STREET ADDRESS **2001 Palm Beach Lakes Blvd., Suite 500**
 CITY-ST-ZIP **West Palm Beach, Fl 33409**

TITLE **President** Delete
 NAME **ST-KISNER, MAMI**
 STREET ADDRESS **1908 GRANTHAM CT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **Treasurer** Change Addition
 NAME **Robinson Aubin**
 STREET ADDRESS **2001 Palm Beach Lakes Blvd., Suite 500**
 CITY-ST-ZIP **West Palm Beach, Fl 33409**

TITLE **VD** Delete
 NAME **BLUM, EVELYN**
 STREET ADDRESS **2305 S FLAGLER DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **Secretary** Change Addition
 NAME **Hodge Tanya**
 STREET ADDRESS **2001 Palm Beach Lakes Blvd., Suite 500**
 CITY-ST-ZIP **West Palm Beach, Fl 33409**

TITLE **TD** Delete
 NAME **WASHINGTON, WILLIAM S**
 STREET ADDRESS **1541 W. BLUE HERRON BLVD.**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **Officer (At-Large)** Change Addition
 NAME **Williams Juan**
 STREET ADDRESS **2001 Palm Beach Lakes Blvd., Suite 500**
 CITY-ST-ZIP **West Palm Beach, Fl 33409**

TITLE Delete
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/00

CFR E037 (R 07)