


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90374 026 \*\*\*\*70.00

<b>DOCUMENT # N21276</b> 1. Entity Name <b>HOPE HOUSE OF THE PALM BEACHES, INC.</b>					
Principal Place of Business <b>2001 PALM BEACH LAKES BLVD. SUITE 204 WEST PALM BEACH FL 33409 US</b>				Mailing Address <b>2001 PALM BEACH LAKES BLVD. SUITE 204 WEST PALM BEACH FL 33409 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2690393</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROSE, ANGELA 2001 PALM BEACH LAKES, SUITE 204 WEST PALM BEACH FL 33409</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROSE, ANGELA</b>		NAME	<b>S. Bruce McDonald</b>	
STREET ADDRESS	<b>2001 PALM BEACH LAKES BLVD.</b>		STREET ADDRESS	<b>2001 Palm Beach Lakes Blvd. #204</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>		CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEVER, LISA</b>		NAME	<b>Freda Lucas</b>	
STREET ADDRESS	<b>2001 PALM BEACH LAKES BLVD.</b>		STREET ADDRESS	<b>2001 Palm Beach Lakes Blvd. #204</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>		CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
TITLE	DD	<input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILSON, CLIFTON</b>		NAME	<b>Paul Boyd</b>	
STREET ADDRESS	<b>2001 PALM BEACH LAKES BLVD.</b>		STREET ADDRESS	<b>2001 Palm Beach Lakes Blvd. #204</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>		CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>JoEllen Alvarez</b>	
STREET ADDRESS			STREET ADDRESS	<b>2001 Palm Beach Lakes Blvd. #204</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>Israel Alvarez</b>	
STREET ADDRESS			STREET ADDRESS	<b>2001 Palm Beach Lakes Blvd. #204</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>Lisa Keller</b>	
STREET ADDRESS			STREET ADDRESS	<b>2001 Palm Beach Lakes Blvd. #204</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
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.					
<b>SIGNATURE:</b> <i>S. Bruce McDonald</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>April 4, 2005</b> <small>Date</small>		
			<small>Daytime Phone #</small>		