

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90111 028 ****61.25

0010596

DOCUMENT # N21276

1. Entity Name

HOPE HOUSE OF THE PALM BEACHES, INC.



Principal Place of Business
**2001 PALM BEACH LAKES BLVD.
SUITE 204
WEST PALM BEACH FL 33409
US**

Mailing Address
**2001 PALM BEACH LAKES BLVD.
SUITE 204
WEST PALM BEACH FL 33409
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSE, ANGELA
2001 PALM BEACH LAKES, SUITE 204
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Angela V. Rose **Angela V. Rose Executive Director 9/2/03**

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Delete
NAME	ROSE, ANGELA	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEVER, LISA	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN-BROWN, PAULETTE	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STIEBEL-CHIN, GRETA	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Clifton Wilson- Deputy Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2001 Palm Beach Lakes Blvd. Suite 204	
STREET ADDRESS	West Palm Beach, FL 33409	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/03)

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:

Angela V. Rose **Angela V. Rose Executive Director 9/2/03 561-697-2600**