

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**

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 **59-2690393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

Angela V. Rose Executive Director 9/2/03
(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** ☐ Delete
NAME **ROSE, ANGELA**
STREET ADDRESS **2001 PALM BEACH LAKES BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **Clifton Wilson- Deputy Director** ☐ Change ☒ Addition
NAME **2001 Palm Beach Lakes Blvd. Suite 204**
STREET ADDRESS **West Palm Beach, FL 33409**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **DEVER, LISA**
STREET ADDRESS **2001 PALM BEACH LAKES BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **CHAPMAN-BROWN, PAULETTE**
STREET ADDRESS **2001 PALM BEACH LAKES BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **STIEBEL-CHIN, GRETA**
STREET ADDRESS **2001 PALM BEACH LAKES BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Angela V. Rose
Signature, typed or printed name of registered agent and title if applicable

CR2E037 (4/03)