

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28161 (0)**

1. Corporation Name  
**THE HOMELESS COALITION OF PALM BEACH COUNTY, INC**

Principal Place of Business 310 OKEECHOBEE BLVD 2ND FLR WEST PALM BEACH FL 33416 US	Mailing Address P O BOX 20809 WEST PALM BEACH FL 33416 US
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

APPROVED AND FILED

MAY 9 1995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Changed in Jurisdiction 09/01/1988	3a. Date of Last Report 04/18/1994
4. FEI Number 65-0125852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for employee tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOYD, JOEL**  
 2100 PALM BCH LAKES BLVD  
 WEST PALM BCH FL 33402

10. Name and Address of New Registered Agent

81 Name <b>PATRICK J. Murphy</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2600 QUANTUM BLVD</b>
83
84 City <b>Boynton Beach</b>
85 State <b>FL</b>
86 Zip Code <b>33426</b>

11. Pursuant to the provisions of Sections 607.007 and 607.1304, 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 607.004, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/29/95**

12. OFFICERS AND DIRECTORS	
TITLE TD	BOYD, JOEL 2100 PALM BCH LAKES BLVD W. PALM BEACH FL
TITLE VD	GROCKI, JON 2701 LAKE AVE W. PALM BEACH FL
TITLE SD	ROYAL, MICHELE 277 PENDLETON AVE PALM BCH FL
TITLE D	HUDSON, MAUREEN 810 DATURA ST BOYNTON BEACH FL
TITLE VD	CIMOCK, TOM 2218 S DIXIE HWY W PALM BCH FL
TITLE D	LENZ, SHERYL P O BOX 15456 N/A W. PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE President	DAVID HOCHSTETLER 218 Datura St WPA, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE Vice President	JANE FETTERLY 301 N Olive Ave, 12th Fl West Palm Bch, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE Secretary	TERRY BOZARTH 2330 S Congress Ave, 1C West Palm Beach, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE Treasurer	MARY SORGE 625 N Flagler Dr, 10th Fl WPA, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
61 TITLE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or in an attachment with an address.

SIGNATURE: *Terry L. Bozarth* Terry L. Bozarth 4/28/95 (407) 434-4960

(Signature) (Typed Name)