

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28161** (0)
1. Corporation Name
THE HOMELESS COALITION OF PALM BEACH COUNTY, INC

600001817746
-05/13/96--01017--019
***61.25



Principal Place of Business Mailing Address
**310 OKEECHOBEE BLVD
2ND FLR
WEST PALM BEACH FL 33416
US** **P O BOX 20809
WEST PALM BEACH FL 33416
US**

3. Date Incorporated or Qualified **09/01/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0125852** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MURPHY, PATRICK J
2600 QUANTUM BLVD
BOYNTON BEACH FL 33426**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	HOCHSTETLER, DAVID	
STREET ADDRESS	218 DATURA ST	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VP VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	FETTERLY, JANE	
STREET ADDRESS	301 N OLIVE AVE., 12TH FLOOR	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	BOZART, TERRY	
STREET ADDRESS	2330 S CONGRESS AVE, 1-C	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	SORGE, MARY	
STREET ADDRESS	625 N FLAGLER DR, 10TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CIMOCK, TOM	
STREET ADDRESS	2218 S DIXIE HWY	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LENZ, SHERYL	
STREET ADDRESS	P O BOX 15456 N/A	
CITY-ST-ZIP	W. PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DAVID HOCHSTETLER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SENIOR VICE PRESIDENT	
1.3 STREET ADDRESS	FIDELITY FEDERAL SAVINGS BANK (P) D	
1.4 CITY-ST-ZIP	218 DATURA ST, W. PALM BEACH, FL 33401	
2.1 TITLE	JANE FETTERLY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	301 N. OLIVE AVE., 12TH FLOOR (VP) D	
2.3 STREET ADDRESS	W. PALM BEACH, FL	
2.4 CITY-ST-ZIP		
3.1 TITLE	TERRY BOZART	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2330 S. CONGRESS AVE., 1-C (S) D	
3.3 STREET ADDRESS	W. PALM BEACH, FL	
3.4 CITY-ST-ZIP		
4.1 TITLE	MARY SORGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	625 N. FLAGLER DR., 10TH FLOOR (T) D	
4.3 STREET ADDRESS	W. PALM BEACH, FL	
4.4 CITY-ST-ZIP		
5.1 TITLE	BOARD ATTORNEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Allen Tom Limson, ESQ., 500 S FLAGLER DR., #1100	
5.3 STREET ADDRESS	P.O. BOX 3475	
5.4 CITY-ST-ZIP	West Palm Bch, FL 33407	
6.1 TITLE	PRIEST/CLERGY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mons. John McLaughlin	
6.3 STREET ADDRESS	995 N. N. Hwy Trail	
6.4 CITY-ST-ZIP	W. P. Bch. FL 33410	

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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Patrick J. Murphy* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **2/1/95** (407) 375-6629 Daytime Phone #

CR2E037 (12/95)