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**Jan 17 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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



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 33416-0809
US**

3. Date Incorporated or Qualified **09/01/1988** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21 United Way Offices	2a. Mailing Address 26	4. FEI Number 65-0125852	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 2600 Quantum Blvd.	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Boynton Beach, Fl.	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33426	Country 25 Palm Beach	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 Don Eiten
82 Street Address (P.O. Box Number is Not Acceptable) 2600 Quantum Blvd.
83
84 City Boynton Beach FL 85 Zip Code 33426

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 **Don Eiten Executive Director** *[Signature]* DATE **1-9-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HOCHSTETLER, DAVID <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	Sorge, Mary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	218 DATURA ST	1.2 NAME	625 N FLAGLER DRIVE
STREET ADDRESS	W. PALM BEACH FL	1.3 STREET ADDRESS	WEST PALM BEACH, FL. 33401
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VPD	FETTERLY, JANE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 N OLIVE AVE., 12TH FLOOR	2.2 NAME	
STREET ADDRESS	W. PALM BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	BOZART, TERRY <input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	DUVEN BERNIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2330 S CONGRESS AVE, 1-C	3.2 NAME	7350 N. MILITARY TRAIL
STREET ADDRESS	WEST PALM BEACH FL	3.3 STREET ADDRESS	WEST PALM BEACH, FLORIDA 33410
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TD	SORGE, MARY <input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	POTTER, MARJORIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 N FLAGLER DR, 10TH FLOOR	4.2 NAME	3111 45th ST, STE. 3
STREET ADDRESS	WEST PALM BEACH FL	4.3 STREET ADDRESS	WEST PALM BEACH, FL. 33407
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* **1-8-97** 561-838-2398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041446

CR2E037 (9/96)