


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
UNITED WAY OFFICES 2600 QUANTUM BLVD BOYNTON BEACH FL 33426 US	P O BOX 20809 WEST PALM BEACH FL 33416 US

3. Date Incorporated or Qualified	09/01/1988
4. FEI Number	65-0125852
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. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EITEN, DON 2600 QUANTUM BLVD BOYNTON BEACH FL 33426	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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: *[Signature]* DATE: 1-7-97

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SORGE, MARY
STREET ADDRESS	625 N FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	VPD <input type="checkbox"/> DELETE
NAME	FETTERLY, JANE
STREET ADDRESS	301 N OLIVE AVE., 12TH FLOOR
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DUVEN, BERNIE
STREET ADDRESS	7350 N. MILITARY TRAIL
CITY-ST-ZIP	WEST PALM BEACH FL 33410
TITLE	TD <input type="checkbox"/> DELETE
NAME	POTTER, MARJORIE
STREET ADDRESS	3111 45TH STREET, STE 3
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tomlinson, Allen (Jones, Foster, Jstn & Stubbs)
1.3 STREET ADDRESS	505 South Flagler Drive, No. 1100
1.4 CITY-ST-ZIP	West Palm Beach, FL 33402
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, on an attachment with my address.

SIGNATURE: *[Signature]* DATE: 1-16-98 561-375

CRE037 (10/97)