


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90083 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28161

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

Principal Place of Business UNITED WAY OFFICES 2600 QUANTUM BLVD BOYNTON BEACH FL 33426 US	Mailing Address P O BOX 20809 WEST PALM BEACH FL 33416 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/01/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0125852
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent EITEN, DON 2600 QUANTUM BLVD BOYNTON BEACH FL 33426	10. Name and Address of New Registered Agent 81 Name Allen Tomlinson c/o Jones, Foster, Johnston 82 Street Address (P.O. Box Number is Not Acceptable) and Stubbs, 505 South Flagler Drive, No. 1100 83 84 City West Palm Beach FL 85 Zip Code 33402
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOMLINSON, ALLEN		1.2 NAME	
STREET ADDRESS 505 S FLAGLER DR NO 1100		1.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33402		1.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VDP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FETTERLY, JANE		2.2 NAME BAKER, JONI	
STREET ADDRESS 301 N OLIVE AVE., 12TH FLOOR		2.3 STREET ADDRESS 2100 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP W. PALM BEACH FL		2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUVEN, BERNIE		3.2 NAME	
STREET ADDRESS 7350 N. MILITARY TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33410		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POTTER, MARJORIE		4.2 NAME LEVINE, ALAN	
STREET ADDRESS 3111 45TH STREET, STE 3		4.3 STREET ADDRESS 114 MURRAY ROAD	
CITY-ST-ZIP WEST PALM BEACH FL 33407		4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33405	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)