

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90005 019 ****61.25

0049508

DOCUMENT # N28161

1. Entity Name

THE HOMELESS COALITION OF PALM BEACH COUNTY, INC

(Handwritten initials)

Principal Place of Business

Mailing Address

605 BELVEDERE RD
 #4
 WEST PALM BEACH FL 33405
 US

P O BOX 7396
 WEST PALM BEACH FL 33405
 US

A007998Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0125852

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMLINSON, ALLEN
C/O JONES, FOSTER, JOHNSTON, STUBBS
505 S. FLAGLER DR., NO 1100
WEST PALM BEACH FL 33402

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOMLINSON, ALLEN	
STREET ADDRESS	505 S FLAGLER DR NO 1100	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BAKER, JONI	
STREET ADDRESS	2100 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MESSER, LOIS	
STREET ADDRESS	1655 PALM BCH LKS #300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TEPSITCH, JEFF	
STREET ADDRESS	7305 N MILITARY TR #122	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOT PRESIDENT STILL DIRECTOR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT /DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONI BAKER	
STREET ADDRESS	1577 North Military Trail	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(Handwritten Signature)* **SIGNATURE REQUIRED** *(Handwritten Signature)* Tomlinson

Director

561-650-0492

CR2E037 (10/00)