

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90079 046 ****61.25

003270

DOCUMENT # N28161

1. Entity Name

THE HOMELESS COALITION OF PALM BEACH COUNTY, INC

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

744205



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

Zip

Country

Zip

Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	TOMLINSON, ALLEN	
STREET ADDRESS	505 S FLAGLER DR NO 1100	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER, JONI	
STREET ADDRESS	1577 NORTH MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	SD	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JONI	
STREET ADDRESS	1445 West Broward Avenue	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKOSKI, LAURIE	
STREET ADDRESS	600 Via Lugano Circle #307	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANIS, ROBERT	
STREET ADDRESS	2201 45th Street	
CITY-ST-ZIP	West Palm Beach, FL 33407	
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: SIGNATURE Robert ANIS *Robert Anis* 3/14/02 881-2631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)