


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90054 019 \*\*\*\*61.25

<b>DOCUMENT # N28161</b>							
1. Entity Name <b>THE HOMELESS COALITION OF PALM BEACH COUNTY, INC.</b>							
Principal Place of Business 605 BELVEDERE RD STE 11 WEST PALM BEACH, FL 33405 US			Mailing Address 605 BELVEDERE RD STE 11 WEST PALM BEACH, FL 33405 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>65-0125852</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>TOMLINSON, ALLEN C/O JONES, FOSTER, JOHNSTON, STUBBS 505 S. FLAGLER DR., NO 1100 WEST PALM BEACH, FL 33402</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agents signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>TOMLINSON, ALLEN</b>	NAME					
STREET ADDRESS	<b>505 S FLAGLER DR NO 1100</b>	STREET ADDRESS					
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33402</b>	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>NEUMANN, JOE</b>	NAME					
STREET ADDRESS	<b>6663 HILLSIDE LN</b>	STREET ADDRESS					
CITY-ST-ZIP	<b>LANTANA, FL 33462</b>	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>NOLAN, JEROME</b>	NAME					
STREET ADDRESS	<b>3228 GUN CLUB RD</b>	STREET ADDRESS					
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33406</b>	CITY-ST-ZIP					
TITLE	TD <input type="checkbox"/> Delete	TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>TEPSITCH, JEFF</b>	NAME					
STREET ADDRESS	<b>7305 N MILITARY TR #122</b>	STREET ADDRESS					
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33410</b>	CITY-ST-ZIP					
TITLE	SD <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>FRANKOSKI, LAURIE</b>	NAME	<b>Laurie Brice</b>				
STREET ADDRESS	<b>105 HALF MOON CIRLCLE #H</b>	STREET ADDRESS	<b>170 Periwinkle Drive</b>				
CITY-ST-ZIP	<b>HYPOLUXO, FL 33462</b>	CITY-ST-ZIP	<b>Hypoluxo, FL 33462</b>				
TITLE	PD <input type="checkbox"/> Delete	TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	<b>ANIS, ROBERT</b>	NAME	<b>Teresa Merwin</b>				
STREET ADDRESS	<b>2201 45TH STREET</b>	STREET ADDRESS	<b>7519 Palm Road</b>				
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>	CITY-ST-ZIP	<b>Lake Clarke Shores, FL 33406</b>				
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.							
<b>SIGNATURE:</b> <i>Robert Anis</i>		<i>Robert ANIS</i>		<i>1/23/04</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <i>(561) 881-2632</i>			

Attachment

#N28161

44004230

ADDITIONAL DIRECTORS

Dr. D.M. Walker  
256 NW 9<sup>th</sup> Street  
Belle Glade, FL 33430

James Tackett  
7525 Pine Tree Lane  
West Palm Beach, FL 33406

Anax Pompilus  
3374 Forest Hill Blvd. #C-210  
West Palm Beach, FL 33406

Sheriff Edward Bieluch  
3228 Gun Club Road  
West Palm Beach, FL 33406

Captain Ron Mattino  
3228 Gun Club Road  
West Palm Beach, FL 33406

Rene' Bowers  
1253 10<sup>th</sup> Street  
West Palm Beach, FL 33407

John Levin  
4122 Parkside Drive  
Jupiter, FL 33458

Major Charles Smith  
2100 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33409

Claudia Huggins Tuck  
1041 45<sup>th</sup> Street  
West Palm Beach, FL 33407