


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90031 023 ****70.00

DOCUMENT # N28161

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



Principal Place of Business
**2100 PALM BEACH LAKES BLVD.
 WEST PALM BEACH, FL 33409 US**

Mailing Address
**2100 PALM BEACH LAKES BLVD.
 STE 11
 WEST PALM BEACH, FL 33409 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
2100 Palm Beach Lakes Blvd
 Suite, Apt. #, etc.

City & State
West Palm Beach FL

Zip Country
33409 US

40119010



08282008 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

Name **Joseph Lee**

Street Address (P.O. Box Number is Not Acceptable)
1005 Lake Avenue

City **Lake Worth** FL Zip Code **33460**

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 **Joseph Lee** **Joseph Lee** DATE **8-26-08**

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

Filing Fee is **\$61.25** Due by **September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUTHER, MICHAEL P O BOX 221634 WEST PALM BEACH, FL 33422	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOMINQUEZ, ERICK 3228 GUN CLUB RD WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANIS, ROBERT 2201 45TH STREET WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, D R 256 NW 9TH ST BELLE GLADE, FL 33430	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMOTTE, STACEY K 6453 PARADISE COVE WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMPIIUS, ANAY 3374 FOREST HILL BLVD STE 310 WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DAWKINS, Shandra 1923 Brogway Riviera Beach, Florida 33404	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President WALKER, DOROTHY 256 NW 9th Street Belle Glade, Florida 33430	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mike Sothen 1702 Farmington Circle Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Maite Reyes-Coles 6800 Forest Hill Blvd West Palm Beach, FL 33413	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Robert Lee** Date **8/26/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time #

ATTACHMENT 40114878

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Document Number N28161
 Business Entity Name THE HOMELESS COALITION OF PALM BEACH COUNTY, INC.
 FEI Number 650125852
 FEI Number Status
 Certificate of Status Desired Yes
 Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 2100 PALM BEACH LAKES BLVD.
 City, State WEST PALM BEACH, FL
 Zip Code & Country 33409 US

Mailing Address

Address 2100 PALM BEACH LAKES BLVD.
 Suite, Apt. #, etc. ~~2100~~
 City, State WEST PALM BEACH, FL
 Zip Code & Country 33409 US

Name And Address of Registered Agent

Change TO: Joseph Lee
 1005 Lake Ave.
 Lake Worth, FL
 33460

Name (Last, First, Middle, Title) TOMLINSON, ALLEN
 Address C/O JONES, FOSTER, JOHNSTON, STUBBS
 Suite, Apt. #, etc. 505 S. FLAGLER DR., NO 1100
 City, State WEST PALM BEACH, FL
 Zip Code & Country 33402 US

Correspondence E-mail Address

E-mail address to whom correspondence should be e-mailed
 E-mail Address RITACLARK@HOMELESS.FDN.COM

Officer/Director Name And Address

Name And Address #1

Delete
→

ATTACHMENT

40114878

N28161

Title T
Name (Last, First, Middle, Title) DAWKINS, SHANDRA
Street Address 1923 BROADWAY
City, State RIVIERA BEACH, FL
Zip Code & Country 33404

Name And Address #2

Title VP
Name (Last, First, Middle, Title) WALKER, DOROTHY
Street Address 256 NW 9TH STREET
City, State BELLE GLADE, FL
Zip Code & Country 33430

Name And Address #3

Title PD
Name (Last, First, Middle, Title) ANIS, ROBERT
Street Address 2201 45TH STREET
City, State WEST PALM BEACH, FL
Zip Code & Country 33407

Name And Address #4

Title D
Name (Last, First, Middle, Title) SOTHEN, MIKE
Street Address 1702 FARMINGTON CIRCLE
City, State WELLINGTON, FL
Zip Code & Country 33414

Name And Address #5

Title D
Name (Last, First, Middle, Title) LAMOTTE, STACEY , K
Street Address 6453 PARADISE COVE
City, State WEST PALM BEACH, FL
Zip Code & Country 33411

Name And Address #6

Title D
Name (Last, First, Middle, Title) REYES-COLES, MAITE
Street Address 6800 FOREST HILL BLVD
City, State WEST PALM BEACH, FL
Zip Code & Country 33413

Title D
Officer/Director Signature MAITE REYES-COLES

Continue

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Business Entity Name THE HOMELESS COALITION OF PALM BEACH COUNTY, INC.

FEI Number 65 - 0125852

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status \$8.75 (Optional)

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 2100 PALM BEACH LAKES BLVD. (PO Box not acceptable)

Suite, Apt. #, etc.

City, State WEST PALM BEACH, FL

Zip Code & Country 33409 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

Mailing address same as principal address

Address 2100 PALM BEACH LAKES BLVD.

Suite, Apt. #, etc. ~~STE 11~~

City, State WEST PALM BEACH, FL

Zip Code & Country 33409 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) TOMLINSON, ALLEN

- OR -

Business to serve as RA

Delete

Street Address in Florida C/O JONES, FOSTER, JOHNSTON, STUBBS (PO Box not acceptable)

Suite, Apt. #, etc. 505 S. FLAGLER DR., NO 1100

City, State WEST PALM BEACH, FL

Zip Code & Country 33402 US

Change to:
Joseph Lee
1005 Lake Ave
Lake Worth, FL
33460

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Joseph Lee