NO NOTIBE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

APPROVES AND FILED

97 Aug 27 PM 1:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	N HESOURCE CENTER, INC FOR THE HODELESS			ament	
HOPE FOR THE HOPELESS MINISTRIES, INC.  Principal Place of Business Mailing Address					
301 BROADWAY 301 BROADWAY #217.222					
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 07/24/1995 3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address			SAME		4. FEI Number Applied For
2 2			AME		65-0606158 Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Riviera Beach, FL  27					5. Certificate of Status Desired  \$8.75 Additional Fee Regulred
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible
24 3340		29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent		21	10. Name and Address of New Registered Agent
81 Name					
CENTER FOR MINORITY HUMAN SVCS. PROVIDERS				2 Street	Address (P.O. Box Number is Not Acceptable)
301 BROADWAY, STE. 300 RIVIERA BEACH FL 33404			-	13	
MIVIENA	DEACH FL 33404			<b>"</b>	
			E	4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statut	es the ehr	we-named	cornoration submits this statement for the purpose of changing its registered
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, typed or printed name oil registered agent	and trile if appricable. (NOT	E: Registered /	-	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	<b>K</b> ] DELETE	1.1 THTL	E	VICE-CHAIRMAN XX Change ☐ Addition
NAME	PROSPER, JEAN		1.2 NAME		ST. VIL, JEAN PROSPER
STREET ADDRESS	2032 N. DIXIE HWY		1.3 STREET ADDRESS		2032 N. DIXIE HWY.
CITY-ST-ZIP	W. PALM BCH. FL 33407				WEST PALM BEACH, FL 33407
TITLE			2.1 TITL		CHAIRWOMAN Change XX Addition
NAME	RICE, HERBERT S., JR.		2.2 NAV		HUNT, ROSE
STREET ADDRESS	8570 THOUSAND PINES CIR. WEST PALM BEACH FL 33411		2.3 STREET ADDRESS		500 N. Congress Ave. Apt. #91 West Palm Beach, FL 33411
CITY-ST-ZIP TITLE	S DELETE		2. 4 C(T)	r-ST-ZiP	West Palm Beach, FL 33711
NAME	GCHELIN, FRANK		3.1 MIL		Li cuange   Li Audition
STREET ADDRESS	AAAA AA DIAGCARAA			ET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL 33407			- S1 - ZIP	·
TITLE	DELETE		4.1 TITLE		☐ Change ☐ Addition
NAME	ST. LOUIS, LEONNE		4. 2 NAN	AE	<u> </u>
STREET ADDRESS	641 58TH ST.			ET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		4.4 CITY	-S1-ZIP	
TITLE	D	DELETE	5.1 TITL		Change Addition
NAME	HERNANDEZ, JENNY		5.2 NAM	E	
STREET ADDRESS	917 MARKET ST.		5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	
TITLE	D DELETE		6.1 TITLE		Change Addition
NAME	CELCIS, ALFRED		6.2 NAM	E	
STREET ADDRESS	25 S. SWINTON AVE.		6.3 STRE	et address	
0157 65 316	DELDAY REACH EL 22444				

14. I do 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.