

FILE NOW: FILING FEE IS \$61.25

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98 OCT 29 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moytham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002438 (6)**

1. Corporation Name

HOUSING SERVICES OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
22 W 22ND ST RIVIERA BEACH FL 33404	22 W 22ND ST RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified

04/29/1997

4. FEI Number

05-0763203

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHY, J P
1892 ABBEY RD #1
WEST PALM BEACH FL 33415

81 Name

BAMBI MCKIBBON-TURNER

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

845 FORESTERIA DR. #8

83

84 City

LAKE PARK

FL

85 Zip Code

33403

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

Bambi McKibbon-Turner
Signature, typed or printed name of registered agent and title if applicable.

BAMBI MCKIBBON-TURNER

9/28/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WATON, WILLIE	
STREET ADDRESS	22 W 22ND ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	

TITLE	C/O	<input type="checkbox"/> DELETE
NAME	WALLACE, CLASSIE	
STREET ADDRESS	2450 AVE H WEST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, A E	
STREET ADDRESS	P O BOX 15553 N/A	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	

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"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	200002681442--4	
1.3 STREET ADDRESS	-11/05/98--01083--008	
1.4 CITY-ST-ZIP	*****61.25 *****61.25	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	200002681442--4	
2.3 STREET ADDRESS	-11/05/98--01083--008	
2.4 CITY-ST-ZIP	*****8.75 *****8.75	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	VICTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SUSAN NEWBERRY	
4.3 STREET ADDRESS	1105 9TH STREET	
4.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404	

5.1 TITLE	S/T/R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PATRICIA PAYTON	
5.3 STREET ADDRESS	2630 W. 28TH STREET	
5.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 change of name or address attachment was filed.

SIGNATURE:

Willie Watson 9/28/98 (56)263-6494

CR2E037 (10/97)

**ATTACHMENT TO ANNUAL REPORT OF
HOUSING SERVICES OF PALM BEACH COUNTY, INC.
FEI Number 65-0763203**

Item No. 14:

Patricia A. Layton

10/25/98

842-5153

**Signature and printed name of signing officer and
or director**

Date

Daytime Phone No.