

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90127 012 ****70.00

DOCUMENT # N97000002438

1. Corporation Name

HOUSING SERVICES OF PALM BEACH COUNTY, INC.

Principal Place of Business

22 W 22ND ST
RIVIERA BEACH FL 33404

Mailing Address

22 W 22ND ST
RIVIERA BEACH FL 33404

2. Principal Place of Business

21 80 West 20th Street

Suite, Apt. #, etc.

22 City & State

23 Riviera Beach, FL

Zip

24 33404

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 12824

Suite, Apt. #, etc.

27 City & State

28 Lake Park, FL

Zip

29 33403

Country

30 U.S.A.

3. Date Incorporated or Qualified

04/29/1997

4. FEI Number

65-0763203

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

9. Name and Address of Current Registered Agent

MCKIBBON-TURNER, BAMBI
845 FORESTERIA DR #8
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name

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

1001 W. Jasmine Drive, Suite J-1

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

4/27/99
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CD
NAME WALLACE, CLASSIE
STREET ADDRESS 2450 AVE H WEST
CITY-ST-ZIP RIVIERA BEACH FL 33404

DELETE

TITLE VCD
NAME NEWBERRY, SUSAN
STREET ADDRESS 1105 9TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

DELETE

TITLE STD
NAME PAYTON, PATRICIA
STREET ADDRESS 2630 W. 28TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bambi McKibbon-Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bambi McKibbon-Turner

Date

4/27/99 (561)842-5600
Daytime Phone #

CR2E037 (11/98)