

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 709534 (2)**

1. Corporation Name

**HOBE SOUND CHILD CARE CENTER, INC.**

95 FEB 10 PM 2:06

Principal Place of Business: 11580 S.E. GOMEZ AVE. HOBE SOUND FL 33455  
Mailing Address: 11580 S.E. GOMEZ AVE. HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/31/1965</b>	3a. Date of Last Report <b>06/13/1994</b>
4. FEI Number <b>59-1107869</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**KING, MARY T  
19021 BARUS DR  
JUPITER FL 33469**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DC</b>
NAME	<b>PARKER, PHYLLIS</b>
STREET ADDRESS	<b>8898 SE SHARON AVE.</b>
CITY- ST- ZIP	<b>HOBE SOUND FL</b>
TITLE	<b>M</b>
NAME	<b>KING, MARY</b>
STREET ADDRESS	<b>19021 BARUS DR</b>
CITY- ST- ZIP	<b>JUPITER FL</b>
TITLE	<b>DC</b>
NAME	<b>PARISH, TOM</b>
STREET ADDRESS	<b>5951 S.E. GRAFTON DR.</b>
CITY- ST- ZIP	<b>STUART FL 34997</b>
TITLE	<b>TD</b>
NAME	<b>CONNER, CHRIS</b>
STREET ADDRESS	<b>8756 SE MAY TERR</b>
CITY- ST- ZIP	<b>HOBE SOUND FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>OP Patricia Duberg</b>
3.3 STREET ADDRESS	<b>120 North Beach Rd.</b>
3.4 CITY- ST- ZIP	<b>Hobe Sound, FL 33455</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Mary T. King / Mary T. King '1/19/95 (407) 546-5162