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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 709534

1. Corporation Name

HOBE SOUND CHILD CARE CENTER, INC.

Principal Place of Business

11580 S.E. GOMEZ AVE.  
HOBE SOUND FL 33455

Mailing Address

11580 S.E. GOMEZ AVE.  
HOBE SOUND FL 33455



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/31/1965

4. FEI Number

59-1107869

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

KING, MARY T  
8536 MAY TERRACE  
HOBE SOUND FL 33455

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 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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC  DELETE  
NAME PARKER, PHYLLIS  
STREET ADDRESS 8536 SE MAY TERRACE  
CITY-ST-ZIP HOBESOUND FL 33455

TITLE M  DELETE  
NAME KING, MARY  
STREET ADDRESS 19021 BARUS DR  
CITY-ST-ZIP JUPITER FL

TITLE DP  DELETE  
NAME DUBERG, PATRICIA  
STREET ADDRESS 120 N BEACH RD  
CITY-ST-ZIP HOBE SOUND FL

TITLE TD  DELETE  
NAME CONNER, CHRIS  
STREET ADDRESS 8756 SE MAY TERR  
CITY-ST-ZIP HOBE SOUND FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DP  Change  Addition  
3.2 NAME Joanne Towner  
3.3 STREET ADDRESS 8044 SE Carlton Street  
3.4 CITY-ST-ZIP Hobe Sound, FL 33455

4.1 TITLE TD  Change  Addition  
4.2 NAME Donald St. Onge  
4.3 STREET ADDRESS 1 Estrada Rd.  
4.4 CITY-ST-ZIP Hobe Sound, FL 33455

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

SIGNATURE: *M. King* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 (561) 546-5462

Date

Daytime Phone #

CR2E037 (1/198)