2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 709534

1. Entity Name
HOBE SOUND CHILD CARE CENTER, INC.

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

DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1107869
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, MARY T
8536 MAY TERRACE
HOBE SOUND, FL 33455

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000103541
04/05/04-80059-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WAGNER, JOANNE
STREET ADDRESS	11580 SE GOMEZ AVE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	M
NAME	KING, MARY
STREET ADDRESS	8536 MAY TERRACE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	WHITCOMB, CAMILLE
STREET ADDRESS	6789 SE MOURNING DOVE WAY
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VPTD
NAME	ST ONGE, DONALD
STREET ADDRESS	1 ESTRADA RD.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary T King 4-1-04 772-546-5462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #