# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# 709534

**Entity Name:** HOBE SOUND CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 59-1107869** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | KOCIK, LORETTA MS. | |
| Address: | 6183 SE GEORGETOWN PLACE | |
| City-St-Zip: | HOBE SOUND, FL 33455 | |
| Title: | M | ( ) Delete |
| Name: | KING, MARY T MRS. | |
| Address: | 8536 MAY TERRACE | |
| City-St-Zip: | HOBE SOUND, FL 33455 | |
| Title: | VP | ( ) Delete |
| Name: | MAZZOTA, JASON MR. | |
| Address: | 1800 SW HACKMAN TERRACE | |
| City-St-Zip: | STUART, FL 34997 | |
| Title: | TR | ( ) Delete |
| Name: | MARTIN, PAT MR. | |
| Address: | 9455 SE ATHENA STREET | |
| City-St-Zip: | HOBE SOUND, FL 33455 | |
| Title: | SEC | (X) Delete |
| Name: | CULPEPPER, PAM MRS. | |
| Address: | 10540 SE JUPITER NARROWS DRIVE | |
| City-St-Zip: | HOBE SOUND, FL 33455 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MRS. MARY T KING M 04/22/2009

Electronic Signature of Signing Officer or Director — Date