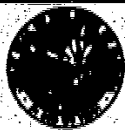


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N14501 (3)

1. Corporation Name

HOBE SOUND NATURE CENTER FOUNDATION, INC.

**APPROVED
AND
FILED**

95 APR 21 AM 9:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**C/O FREDERICK G. SUNDHEIM, JR.
PO BOX 214
HOBE SOUND FL 33475**

Mailing Address
**C/O FREDERICK G. SUNDHEIM, JR.
PO BOX 214
HOBE SOUND FL 33475**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
27 City & State
28 Zip
30 Country

3. Date Incorporated or Qualified
04/22/1986

3a. Date of Last Report
04/05/1994

4. FBI Number
65-0050653

5. Certificate of Status Desired ☐ **\$6.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**SUNDHEIM, FREDERICK G., JR.
301 WEST 1ST STREET
PO DRAWER 86
STUART FL 33495**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
KIRBY, ELIZABETH W.
CENTERRA COURT POB 1267
PEBBLE BCH CA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
JOHNSTON, MICKEY J
11850 SE OLD DOXE HWY
HOBE SOUND FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
NUTTLE, MARGARET
RETURN PT., ROUTE 4
EASTON MD**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BURKE, MARY
145 CENTRE ISLAND RD.
OYSTER BAY NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
WALKER, LOUISE
PO BOX 211 NA
HOBE SOUND FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
STANLEY, THOMAS B
BLACK BEAR TRAIL
HOBE SOUND FL**

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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

(407) 546-2067