FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14501 (3)

1. Corporation Name
HOBE SOUND NATURE CENTER FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 04/22/1986
3a. Date of Last Report: 04/05/1994
4. FEI Number: 65-0050653 ☐ 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
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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUNDHEIM, FREDERICK G., JR. 301 WEST 1ST STREET PO DRAWER 86 STUART FL 33495	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	KIRBY, ELIZABETH W.	1.2 NAME	
STREET ADDRESS	CENTERRA COURT POB 1267	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEBBLE BCH CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, MICKEY J	2.2 NAME	
STREET ADDRESS	11850 SE OLD DIXIE HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NUTTLE, MARGARET	3.2 NAME	
STREET ADDRESS	RETURN PT.,ROUTE 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	EASTON MD	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BURKE, MARY	4.2 NAME	
STREET ADDRESS	145 CENTRE ISLAND RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OYSTER BAY NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, LOUISE	5.2 NAME	
STREET ADDRESS	PO BOX 211 NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	STANLEY, THOMAS B	6.2 NAME	
STREET ADDRESS	BLACK BEAR TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	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 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.

SIGNATURE: Mickey Johnston 4/14/95 (407)546-2067
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1000