

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 4-26-96

47660

DOCUMENT # N14501

(3)

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



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

3. Date Incorporated or Qualified: 04/22/1986  
3a. Date of Last Report: 04/21/1995

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

4. FEI Number: 65-0050653  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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: Mickey S. Johnston  
82 Street Address (P.O. Box Number is Not Acceptable): 11850 SE Old Dixie Hwy  
83  
84 City: Hobe Sound FL 85 Zip Code: 33455

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: Mickey Johnston

4-5-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Mickey Johnston

4-5-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)