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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14501

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/22/1986

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

9. Name and Address of Current Registered Agent

MICKEY J JONSTON
11850 SW OLD DIXIE HWY
PO DRAWER 86
HOBE SOUND FL 33455

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 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

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 ☐ DELETE
NAME **KIRBY, ELIZABETH W.**
STREET ADDRESS **CENTERRA COURT POB 1267**
CITY-ST-ZIP **PEBBLE BCH CA**

TITLE ☐ DELETE
NAME **D JOHNSTON, MICKEY J**
STREET ADDRESS **11850 SE OLD DIXIE HWY**
CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☐ DELETE
NAME **D NUTTLE, MARGARET**
STREET ADDRESS **RETURN PT., ROUTE 4**
CITY-ST-ZIP **EASTON MD**

TITLE ☐ DELETE
NAME **D BURKE, MARY**
STREET ADDRESS **145 CENTRE ISLAND RD.**
CITY-ST-ZIP **OYSTER BAY NY**

TITLE ☐ DELETE
NAME **D WALKER, LOUISE**
STREET ADDRESS **PO BOX 211 NA**
CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☒ DELETE
NAME **D STANLEY, THOMAS B**
STREET ADDRESS **BLACK BEAR TRAIL**
CITY-ST-ZIP **HOBE SOUND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Pres Johnston, Betsy**
1.3 STREET ADDRESS **133 Gomez Rd.**
1.4 CITY-ST-ZIP **Hobe Sound, FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Sec Hussey, Nancy**
2.3 STREET ADDRESS **3697 Cape Pt Circle**
2.4 CITY-ST-ZIP **Jupiter, FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Treas Smith, Richard E.**
3.3 STREET ADDRESS **11858 SE Dixie Hwy**
3.4 CITY-ST-ZIP **Hobe Sound, FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Boothby, Willard S.**
4.3 STREET ADDRESS **107 Bassett Ck Trail**
4.4 CITY-ST-ZIP **Hobe Sound, FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Connolly, Ann**
5.3 STREET ADDRESS **103 Harbor Way**
5.4 CITY-ST-ZIP **Hobe Sound, FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **VP Grissold, Nina**
6.3 STREET ADDRESS **128 N. Beach Rd**
6.4 CITY-ST-ZIP **Hobe Sound, FL**

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99 (561) 546-7940

Date

Daytime Phone #

CR2E037 (11/98)