

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14501

FILED
Jan 30, 2009
Secretary of State

Entity Name: HOBE SOUND NATURE CENTER FOUNDATION, INC.

Current Principal Place of Business:

13640 SE FEDERAL HIGHWAY
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

PO BOX 214
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 65-0050653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RICHARD E
11850 SW OLD DIXIE HWY
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: D () Delete
Name: GARRETT, MARY
Address: 202 S BCH RD
City-St-Zip: HOBE SOUND, FL 33455 US

Title: D () Delete
Name: GARRETT, ROBERT
Address: 202 SOUTH BEACH ROAD
City-St-Zip: HOBE SOUND, FL 33455 US

Title: D () Delete
Name: VOGEL, MABEL
Address: 6978 SE GOLFHOUSE DRIVE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: D () Delete
Name: GRISWOLD, NINA
Address: 128 S. BCH ROAD
City-St-Zip: HOBE SOUND, FL 33455 US

Title: D () Delete
Name: JOHNSTON, BETSY
Address: 133 GOMEZ RD
City-St-Zip: HOBE SOUND, FL 33455 US

Title: D () Delete
Name: VOGEL, RALPH
Address: 6978 SE GOLFHOUSE DRIVE
City-St-Zip: HOBE SOUND, FL 33455 US

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:

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: MABEL VOGEL

DIR

01/30/2009

Electronic Signature of Signing Officer or Director

Date