

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90186 036 ****61.25

UBR 1003

DOCUMENT # N14501

1. Entity 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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0050653**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

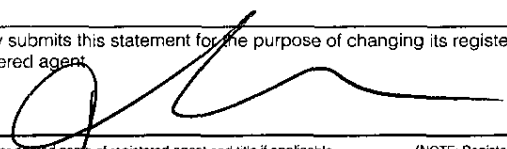
7. Name and Address of New Registered Agent

Name **RICHARD E. SMITH**

Street Address (P.O. Box Number is Not Acceptable)
11858 SE DIXIE HWAY

City **Hobe Sound** FL Zip Code **33455**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	KIRBY, ELIZABETH W.	
STREET ADDRESS	CENTERRA COURT POB 1267	
CITY-ST-ZIP	PEBBLE BCH CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, MICKEY J	
STREET ADDRESS	11850 SE OLD DIXIE HWY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUTTLE, MARGARET	
STREET ADDRESS	RETURN PT., ROUTE 4	
CITY-ST-ZIP	EASTON MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, MARY	
STREET ADDRESS	145 CENTRE ISLAND RD.	
CITY-ST-ZIP	OYSTER BAY NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, LOUISE	
STREET ADDRESS	PO BOX 211 NA	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSTON, BETSY	
STREET ADDRESS	133 GOMEZ RD	
CITY-ST-ZIP	HOBE SOUND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRET, MARY	
STREET ADDRESS	202 S. Beach Road	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **3/31/03**

SIGNATURE REQUIRED

CR2E037 (10/02)