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 MAY -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002328 (3)

1. Corporation Name

HIBISCUS HOUSE CHILDREN'S FOUNDATION, INC.

Principal Place of Business

940 JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

Mailing Address

P.O BOX 3105
~~PO BOX 3105~~
~~JENSEN BEACH FL 34958~~
STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1993
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0411920 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21		2a. Mailing Address 26	P.O. Box 3105
Suite, Apt. #, etc 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	STUART, FL
Zip 24 / Country 25		Zip 29 / Country 30	34995 / USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOPKO, JAMES 2307 SE MONTEREY RD STUART FL 34996	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: [signature] President — 4/14/95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	FORSTER, MARTIN P	12 NAME	600001483126
STREET ADDRESS	15 PERIWINKLE CRESCENT	13 STREET ADDRESS	-05/10/95--01100--016
CITY-ST-ZIP	STUART FL 34996	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WEBER, JEFFREY L	22 NAME	
STREET ADDRESS	2400 SE FEDERAL HWY	23 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MERGLER, H K	32 NAME	
STREET ADDRESS	7036 SE HARBOR CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	STUART FL 34996	34 CITY-ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WOLFE, JUDITH B	42 NAME	
STREET ADDRESS	4391 SW THISTLE TERRACE	43 STREET ADDRESS	
CITY ST ZIP	PALM CITY FL 34990	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SCHWADERER, MELINDA H	52 NAME	
STREET ADDRESS	736 JENSEN BEACH BLVD.	53 STREET ADDRESS	
CITY ST ZIP	JENSEN BEACH FL 34957	54 CITY-ST ZIP	
TITLE	D ~~XXXXXXXXXXXXXXXXXXXXXX~~	61 TITLE	P/D ☐ Change ☒ Addition
NAME	~~XXXXXXXXXXXXXXXXXXXXXX~~	62 NAME	CLINE, ROBERT A., JR.
STREET ADDRESS	~~XXXXXXXXXXXXXXXXXXXXXX~~	63 STREET ADDRESS	6540 S.E. SOUTH MARINA WAY
CITY ST ZIP	~~XXXXXXXXXXXXXXXXXXXXXX~~	64 CITY-ST ZIP	STUART FL 34996

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: [signature] 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070051