

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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: **PO BOX 3105 STUART FL 34995**

3. Date Incorporated or Qualified: **05/12/1993**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0411920	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORSTER, MARTIN P			1.2 NAME			
STREET ADDRESS	15 PERIWINKLE CRESCENT			1.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, JEFFREY L			2.2 NAME			
STREET ADDRESS	2400 SE FEDERAL HWY			2.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERGLER, H K			3.2 NAME			
STREET ADDRESS	7036 SE HARBOR CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFE, JUDITH B			4.2 NAME			
STREET ADDRESS	4391 SW THISTLE TERRACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	RECORDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWADERER, MELINDA H			5.2 NAME			
STREET ADDRESS	736 JENSEN BEACH BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957			5.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLINE, ROBERT A JR.			6.2 NAME			
STREET ADDRESS	6540 S.E. SOUTH MARINA WAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			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: _____

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

Date: _____ Daytime Phone # _____

CR2E037 (12/95)