FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N93000002328 (3)

HIBISCUS HOUSE CHILDREN'S FOUNDATION, INC.

FILED Apr 29 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				1 30 DI 1183 ETO 14400 MAN 00MI 00MF 0844 00MI 00MI 00MI 1400 MIN		
940 JENSEN BEACH BLVD. JENSEN BEACH FL 34957		PO BOX 3105 STUART FL 34995-3105						
						3. Date Incorporated or Qualified 05/12/1993	3a. Date of Last Report 02/08/1996	
2. Principal P	Place of Business	2a. Mailing Address 26			· · · · · · · ·	4. FEI Number 65-0411920	Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					¢0.75	
22		27				5. Certificate of Status Desired	Fee Required	
City & Stat	ie	City & State				6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	7ip	Co	untry		Trust Fund Contribution 8. This corporation has liability for in	Added to Fees	
24	25	29	30				Yes No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg	Istered Agent	
				81	Name			
SOPKO, JAMES				82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
	E MONTEREY RD			83				
STUAR	T FL 34996			63				
	•			84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050.	2 and 617.1508, Florida Statut	es, the a	bove	-named co	rporation submits this statement for the pu	rpose of changing its registered	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 617,0503. Flo	authorize orida Sta	d by	the corpor	rporation submits this statement for the pu ation's board of directors. I hereby accept	the appointment as registered	
SIGNATURE	•							
	Signature, typed or printed name of registered age			d Age	ni signalure req	uired when reinstaling)	DATE	
12.	OFFICERS AND	DELETE DELETE	13.			ADDITIONS/CHANGES TO OFFICE		
NAME	FORSTER, MARTIN P		11 T				☐ Change ☐ Addition	
STREET ADDRESS	15 PERIWINKLE CRESCENT		1.2 NA		ADDRESS			
CITY-ST-ZIP	STUART FL 34996		1.4 CI					
TITLE			2.1 7				☐ Change ☐ Addition	
NAME	WEBER, JEFFREY L		2.2 N	AME			- , , –	
STREET ADDRESS	2400 SE FEDERAL HWY		2.3 S		ADDRESS			
CITY-ST-ZIP	STUART FL		2. 4 CITY-ST-ZIP		T - ZIP			
TITLE	V DELETE		3.1 T	3.1 TITLE			Change Addition	
NAME	MERGLER, H K		3.2 N	AME				
STREET ADDRESS	7036 SE HARBOR CIRCLE		•		ADDRESS			
CITY-ST-ZIP TITLE			3.4. (4.1 T	ITY-S	T - ZIP		Change Addition	
NAME	WOLFE, JUDITH B	[_] brrrig		VAME			Change Addition	
STREET ADDRESS	4391 SW THISTLE TERRACE				ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990			ITY-SI				
TITLE	8	DELETE	5.1 TITLE				Change Addition	
NAME	SCHWADERER, MELINDA H		5.2 NAME					
STREET ADDRESS	736 JENSEN BEACH BLVD.		5.3 S	TREET	ADDRESS		j	
CITY-ST-ZIP	JENSEN BEACH FL		5.4 C	ITY-51	- ZIP			
TITLE	PD	DELETE	6.1 T	IILE			Change Addition	
NAME	CLINE, ROBERT A JR.		6.2 N	AME				
STREET ADDRESS	6540 S.E. SOUTH MARINA W	/AY	6.3 S	TREET	ADDRESS			
CITY-ST-ZIP	STUART FL 34996		6.4 C	ITY-ST	- ZIP	- 12		

I. I do 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