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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34995-3105
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3. Date Incorporated or Qualified 05/12/1993	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0411920	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. 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

SOPKO, JAMES
2307 SE MONTEREY RD
STUART FL 34998

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

TITLE	D <input type="checkbox"/> DELETE
NAME	FORSTER, MARTIN P
STREET ADDRESS	15 PERIWINKLE CRESCENT
CITY-ST-ZIP	STUART FL 34998
TITLE	T <input type="checkbox"/> DELETE
NAME	WEBER, JEFFREY L
STREET ADDRESS	2400 SE FEDERAL HWY
CITY-ST-ZIP	STUART FL
TITLE	V <input type="checkbox"/> DELETE
NAME	MERGLER, H K
STREET ADDRESS	7036 SE HARBOR CIRCLE
CITY-ST-ZIP	STUART FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WOLFE, JUDITH B
STREET ADDRESS	4391 SW THISTLE TERRACE
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	S <input type="checkbox"/> DELETE
NAME	SCHWADERER, MELINDA H
STREET ADDRESS	738 JENSEN BEACH BLVD.
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	CLINE, ROBERT A JR.
STREET ADDRESS	6540 S.E. SOUTH MARINA WAY
CITY-ST-ZIP	STUART FL 34996

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

CR2E037 (9/96)