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**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90040 005 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002328**

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
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2. Principal Place of Business 21 391 Jensen Beach Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 305 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/12/1993
22 City & State 23 Jensen Beach FL	27 City & State 28 Jensen Beach FL	4. FEI Number 65-0411920 Applied For <input type="checkbox"/> Not Applicable
24 Zip 34957 Country US	29 Zip 34958 Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SOPKO, JAMES  
 2307 SE MONTEREY RD  
 STUART FL 34996

10. Name and Address of New Registered Agent

81 Name Borowicz, Jill M
82 Street Address (P.O. Box Number is Not Acceptable) 1849 NE Victorian Lane
83 City Jensen Beach FL 85 Zip Code 34957

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 *Jill M. Borowicz* Jill M. Borowicz, Executive Director 3/15/99  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME FORSTER, MARTIN P	
STREET ADDRESS 15 PERIWINKLE CRESCENT	
CITY-ST-ZIP STUART FL 34996	
TITLE T	<input type="checkbox"/> DELETE
NAME WEBER, JEFFREY L	
STREET ADDRESS 2400 SE FEDERAL HWY	
CITY-ST-ZIP STUART FL	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME MERGLER, H K	
STREET ADDRESS 7036 SE HARBOR CIRCLE	
CITY-ST-ZIP STUART FL	
TITLE D	<input checked="" 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 736 JENSEN BEACH BLVD.	
CITY-ST-ZIP JENSEN BEACH FL	
TITLE PD	<input checked="" 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 V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Braden, Dan	
1.3 STREET ADDRESS 835 NE Bayberry Lane	
1.4 CITY-ST-ZIP Jensen Beach, FL 34957	
2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Weber, Jeffrey L	
2.3 STREET ADDRESS 2400 SE Federal Hwy	
2.4 CITY-ST-ZIP Stuart, FL 34994	
3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Haynes, William	
3.3 STREET ADDRESS 1850 NW Pine Tree Way	
3.4 CITY-ST-ZIP Stuart, FL 34994	
4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Richebourg, Margaret	
4.3 STREET ADDRESS One SW Osceola St	
4.4 CITY-ST-ZIP Stuart, FL 34994	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Schwaderer, Melinda H	
5.3 STREET ADDRESS 3970 SE Old St Lucie Blvd	
5.4 CITY-ST-ZIP Stuart, FL 34996	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Winer, Donald	
6.3 STREET ADDRESS 3 Middle Road	
6.4 CITY-ST-ZIP Sewalls Point, FL 34996	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** 2/25/99 561-223-6537  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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