

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709534

**Entity Name:** HOBE SOUND CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

11580 S.E. GOMEZ AVE.  
HOBE SOUND, FL 33455

**Current Mailing Address:**

11580 S.E. GOMEZ AVE.  
HOBE SOUND, FL 33455

**FEI Number: 59-1107869**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KING, MARY T  
8536 MAY TERRACE  
HOBE SOUND, FL 33455 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name RAINEY, SUSAN MS.  
Address 7731 SE SPICEWOOD CIR.  
City-State-Zip: HOBE SOUND FL 33455

Title M  
Name KING, MARY TMRS.  
Address 8536 MAY TERRACE  
City-State-Zip: HOBE SOUND FL 33455

Title VP  
Name MAZZOTA, JASON MR.  
Address 1800 SW HACKMAN TERRACE  
City-State-Zip: STUART FL 34997

Title TR  
Name KLOSKA, ROB MR.  
Address 8512 SE QUAIL RIDGE WAY  
City-State-Zip: HOBE SOUND FL 33455

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARY T KING**

**EXECUTIVE DIRECTOR**

**04/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date