

2014 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	M
Name	KING, MARY TMRS.
Address	8536 MAY TERRACE
City-State-Zip:	HOBE SOUND FL 33455

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

Title	SECRETARY
Name	SMITH, ERIN MRS.
Address	8394 SE LAGOON DRIVE
City-State-Zip:	HOBE SOUND FL 33455

Title	PRESIDENT
Name	MAZZOTA, JASON MR.
Address	1850 SW FOUNTAIN VIEW BLVD., ST. 103
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	TREASURER
Name	LOPOPOLO, MARY MRS.
Address	8192 SE CUMBERLAND CIRCLE
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**MANAGER****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date