

**2024 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 US

**FEI Number:** 59-1107869

**Certificate of Status Desired:** No

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

AZZI, ASHLEY  
1058 SW 28TH STREET  
PALM CITY, FL 34990 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:** ASHLEY AZZI

01/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOYER, JOHN MR.  
Address        108 N. RIVER DRIVE WEST  
City-State-Zip: JUPITER FL 33458

Title            TREASURER  
Name            THOMAS, LINDSEY MS.  
Address        7460 SE CONCORD PLACE  
City-State-Zip: HOBE SOUND FL 33455

Title            MANAGER  
Name            AZZI, ASHLEY  
Address        1058 SW 28TH ST.  
City-State-Zip: PALM CITY FL 34990

Title            SECRETARY  
Name            GRAVES, AMANDA  
Address        5133 SE TALL PINE WAY  
City-State-Zip: STUART FL 34997

*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:** ASHLEY AZZI

MANAGER

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date