

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11849

Entity Name: HOBE SOUND FINE ARTS LEAGUE, INC.**Current Principal Place of Business:**8879 SE BRIDGE RD
HOBE SOUND, FL 33455**Current Mailing Address:**8879 SE BRIDGE RD
HOBE SOUND, FL 33455 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCARTHY, LORETTA
8879 SE BRIDGE RD
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	VP#1
Name	WINCHIP, NICOLE
Address	8879 SE BRIDGE RD
City-State-Zip:	HOBE SOUND FL 33455

Title	VP#2
Name	WINCHIP, NICOLE
Address	8879 SE BRIDGE RD
City-State-Zip:	HOBE SOUND FL 33455

Title	PD
Name	BAKER, DONNA
Address	8879 SE BRIDGE RD
City-State-Zip:	HOBE SOUND FL 33455

Title	SD
Name	GIESE, LINDA
Address	8879 SE BRIDGE RD
City-State-Zip:	HOBE SOUND FL 33455

Title	TD
Name	MCCARTHY, LORETTA
Address	8879 SE BRIDGE RD
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: LORETTA MCCARTHY**REGISTERED AGENT****03/29/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date