

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002328

**Entity Name:** HIBISCUS CHILDREN'S CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

2920 S. 25TH STREET  
FORT PIERCE, FL 34981

**FILED**  
**Apr 07, 2017**  
**Secretary of State**  
**CC1193346732**

**Current Mailing Address:**

2920 S. 25TH STREET  
FORT PIERCE, FL 34981 US

**FEI Number: 65-0411920**

**Certificate of Status Desired: No**

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

SEXTON, PAUL  
2920 S. 25TH STREET  
FORT PIERCE, FL 34981 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: PAUL SEXTON**

**04/07/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HOLCZER, LOIS  
Address 891 NW RED PINE ROAD  
City-State-Zip: JENSEN BEACH FL 34957

Title CEO  
Name SEXTON, PAUL  
Address 2920 S. 25TH STREET  
City-State-Zip: FORT PIERCE FL 34981

Title DIRECTOR  
Name EK, ARMUND N  
Address 2415 CLUB DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name DAMSON, BARRIE  
Address 6853 SE ISLE WAY  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name TINA , HART  
Address 1374 NE SKYLINE DR  
City-State-Zip: JENSEN BEACH FL 34957

Title PAST CHAIR  
Name LOWE, ROBERT  
Address 4949 N A1A #131  
City-State-Zip: FT. PIERCE FL 34949

Title CHAIRMAN  
Name WILSON, DAVID  
Address 100 LA COSTA COURT  
City-State-Zip: VERO BEACH FL 32963

Title VC  
Name WALKER, TRAVIS  
Address 1342 SW GAHAF AVE  
City-State-Zip: PORT SAINT LUCIE FL 34953

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*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: PAUL SEXTON**

**CEO**

**04/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HORNER, BECKETT  
Address 7865 15TH LANE  
City-State-Zip: VERO BEACH FL 32966

Title TREASURER  
Name SHAPIRO, ALLEN  
Address 713 SHORE DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name MULROONEY, DEBRA  
Address 9955 SW TORRIENTE LANE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR  
Name TAYLOR, SHAWNA  
Address 593 SE PORT SAINT LUCIE BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title COO  
Name BEALE, CAROLINE  
Address 2920 S. 25TH STREET  
City-State-Zip: FORT PIERCE FL 34981

Title SECRETARY  
Name NOONAN, FRANK  
Address 6401 SE INLET WAY  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name EMMELUTH, JEFFREY  
Address 2912 SE SHIPPING RD  
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR  
Name PETRY, FERNANDO  
Address 2100 NEBRASKA AVE, STE 105  
City-State-Zip: FORT PIERCE FL 34950

Title CFO  
Name CANADA, CATHY  
Address 2920 S. 25TH STREET  
City-State-Zip: FORT PIERCE FL 34981