

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002328

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

Current Principal Place of Business:

1145 12TH STREET
VERO BEACH, FL 32960

Current Mailing Address:

1145 12TH STREET
VERO BEACH, FL 32960 US

FEI Number: 65-0411920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARKLEY, MATT
1145 12TH STREET
VERO BEACH, FL 32960 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: MATT MARKLEY

04/10/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST CHAIR
Name HOLCZER, LOIS
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title CEO
Name MARKLEY, MATT
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name EK, ARMUND N
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name DAMSON, BARRIE
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name HART, CHRISTINA DR.
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title CHAIRMAN
Name WILSON, DAVID
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name WALKER, TRAVIS
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name HORNER, BECKETT
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

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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: CATHY CANADA

CFO

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE CHAIR
Name NOONAN, FRANK
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name MULROONEY, DEBRA DR.
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title CFO
Name CANADA, CATHY
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title CAO
Name BOCCABELLA, LOUIS
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name HARRELL, MIKE
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name LAPORTA, MICHAEL
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name WOOLSTON, WILLIAM
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title TREASURER
Name SHAPIRO, ALLEN
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name PETRY, FERNANDO
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title COO
Name VINYARD, CAROLINE
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name BRADEN, DAN
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name KEHLENBACH, MARYANNE PR.
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name PRICE, CLAY
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name YOUNG, MARK
Address 1145 12TH STREET
City-State-Zip: VERO BEACH FL 32960