

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002328

FILED
Mar 03, 2016
Secretary of State
CC1053644012

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

Current Principal Place of Business:

2400 NE OLD DIXIE HWY
JENSEN BEACH, FL 34957

Current Mailing Address:

2400 NE OLD DIXIE HWY
JENSEN BEACH, FL 34957

FEI Number: 65-0411920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARBOWSKI, KATHRYN M
2400 NE OLD DIXIE HWY
JENSEN BEACH, FL 34957 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: KATHRYN GARBOWSKI

03/03/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name PRICE, CLAY
Address 5070 NORTH A1A, SUITE 250
City-State-Zip: VERO BEACH FL 32963

Title SECRETARY
Name WATKINS, FRANK
Address 2090 4TH AVENUE SW
City-State-Zip: VERO BEACH FL 32962

Title CEO
Name SEXTON, PAUL
Address 2400 NE DIXIE HWY
City-State-Zip: JENSEN BEACH FL 34957

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

Title DIRECTOR
Name BRADEN, DAN
Address 835 NE BAYBERRY LN
City-State-Zip: JENSEN BEACH FL 34957

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

Title DIRECTOR
Name CONNOLLY, JACK
Address 313 ORANGE AVENUE
City-State-Zip: FORT PIERCE FL 34950

Continues on page 2

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

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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

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

Title DIRECTOR
Name SWANSON, DEBRA
Address 204 SE HANFORD ROAD
City-State-Zip: PORT SAINT LUCIE FL 34952