

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 05, 2008**  
**Secretary of State**

DOCUMENT# 709534

**Entity Name:** HOBE SOUND CHILD CARE CENTER, INC.**Current Principal Place of Business:**11580 S.E. GOMEZ AVE.  
HOBE SOUND, FL 33455**New Principal Place of Business:****Current Mailing Address:**11580 S.E. GOMEZ AVE.  
HOBE SOUND, FL 33455**New Mailing Address:****FEI Number:** 59-1107869**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KING, MARY T  
8536 MAY TERRACE  
HOBE SOUND, FL 33455 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WAGNER, JOANNE  
Address: 11580 SE GOMEZ AVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: M ( ) Delete  
Name: KING, MARY  
Address: 8536 MAY TERRACE  
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete  
Name: WHITCOMB, CAMILLE  
Address: 6789 SE MOURNING DOVE WAY  
City-St-Zip: HOBE SOUND, FL 33455

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KOCIK, LORETTA MS.  
Address: 6183 SE GEORGETOWN PLACE  
City-St-Zip: HOBE SOUND, FL 33455

Title: M (X) Change ( ) Addition  
Name: KING, MARY T MRS.  
Address: 8536 MAY TERRACE  
City-St-Zip: HOBE SOUND, FL 33455

Title: VP (X) Change ( ) Addition  
Name: MAZZOTA, JASON MR.  
Address: 1800 SW HACKMAN TERRACE  
City-St-Zip: STUART, FL 34997

Title: TR ( ) Change (X) Addition  
Name: MARTIN, PAT MR.  
Address: 9455 SE ATHENA STREET  
City-St-Zip: HOBE SOUND, FL 33455

Title: SEC ( ) Change (X) Addition  
Name: CULPEPPER, PAM MRS.  
Address: 10540 SE JUPITER NARROWS DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY T. KING

M

09/05/2008

Electronic Signature of Signing Officer or Director

Date