

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732095

1. Corporation Name

THE HOBE SOUND NATURE CENTER, INC.

7-21-96 10 4663 NC (5)



Principal Place of Business

13640 SE FEDERAL HWY
PO BOX 214
HOBE SOUND FL 33475
US

Mailing Address

1364 S FEDERAL HWY
PO BOX 214
HOBE SOUND FL 33475

3. Date Incorporated or Qualified
03/10/1975

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-1644398

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

JOHNSTON, MICKEY
11850 SE OLD DIXIE HWY
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Mickey Johnston

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

4.5.96

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KIRBY, ELIZABETH W. | |
| STREET ADDRESS | SOUTH BEACH RD | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NUTTLE, MRS. PHILLIP | |
| STREET ADDRESS | SOUTH BEACH RD | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BURKE, MRS JACKSON | |
| STREET ADDRESS | 411 S BEACH RD | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STANLEY, THOMAS B. JR | |
| STREET ADDRESS | SOUTH BEACH RD | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JOHNSTON, J MICKEY | |
| STREET ADDRESS | 11850 SE OLD DIXIE HWY | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mickey Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.5.96

DATE

Daytime Phone #

CR2E037 (12/95)