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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732095

1. Corporation Name
THE HOBE SOUND NATURE CENTER, INC.

Principal Place of Business 13640 SE FEDERAL HWY PO BOX 214 HOBE SOUND FL 33475 US	Mailing Address 13640S FEDERAL HWY PO BOX 214 HOBE SOUND FL 33475
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1644398
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSTON, MICKEY 11850 SE OLD DIXIE HWY HOBE SOUND FL 33455				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRBY, ELIZABETH W.	1.2 NAME	Pres. Johnston, Betsy
STREET ADDRESS	SOUTH BEACH RD	1.3 STREET ADDRESS	133 Gomez Road
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUTTLE, MRS. PHILLIP	2.2 NAME	Sec. Hussey, Nancy
STREET ADDRESS	SOUTH BEACH RD	2.3 STREET ADDRESS	3697 Cape Pt. Circle
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, MRS JACKSON	3.2 NAME	Treas. Smith, Richard
STREET ADDRESS	411 S BEACH RD	3.3 STREET ADDRESS	11858 SE Dixie Hwy
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY, THOMAS B. JR	4.2 NAME	Boothby, Willard S.
STREET ADDRESS	SOUTH BEACH RD	4.3 STREET ADDRESS	107 Bassett Ck Trail
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	Hobe Sound 33455
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, J MICKEY	5.2 NAME	Connolly, Ann
STREET ADDRESS	11850 SE OLD DIXIE HWY	5.3 STREET ADDRESS	103 Harbor Way
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNIBALI, MALI	6.2 NAME	VP Groszold, Nina
STREET ADDRESS	112 N BEACH RD	6.3 STREET ADDRESS	128 N. Beach Rd.
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP	Hobe Sound, FL 33455

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Mickey Johnston SIGNATURE REQUIRED 3-24-99 561)546-7940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)