

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732095

FILED
Mar 27, 2007
Secretary of State

Entity Name: THE HOBE SOUND NATURE CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

13640 SE FEDERAL HWY
HOBE SOUND, FL 33455 US

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 214
HOBE SOUND, FL 33475

FEI Number: 59-1644398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RICHARD E
11850 SE OLD DIXIE HWY
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: T () Delete
Name: SMITH, RICHARD E DR.
Address: 11858 SE. DIXIE HWY
City-St-Zip: HOBE SOUND, FL

Title: D () Delete
Name: COUGHLAN, ANNE,
Address: 306 SOUTH BEACH RD
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: MARTIN, VAL,
Address: P.O. BOX 1657
City-St-Zip: PORT SALERNO, FL 34992

Title: D () Delete
Name: JOHNSTON, BETSY
Address: 133 GOMEZ ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: P () Delete
Name: GRISWOLD, NINA
Address: 128 SOUTH BEACH ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: ANNIBALI, MALI
Address: 112 N BEACH RD
City-St-Zip: HOBE SOUND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD E. SMITH

DR.

03/27/2007

Electronic Signature of Signing Officer or Director

_____ Date