.FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **734168** **(8)**

1. Corporation Name

HARBOR BRANCH INSTITUTION, INC.

Principal Place of Business	Mailing Address
5600 US 1 N FT. PIERCE FL 34946 US	5600 US 1 NORTH FT. PIERCE FL 34946 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1975**
3a. Date of Last Report: **01/31/1994**
4. FEI Number: **59-1644333** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HERMAN, RICHARD J.
5600 U.S. 1 NORTH
FT. PIERCE FL 34946

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☒ Change ☐ Addition	
NAME	LINK, MARILYN C.	1.2 NAME	This director/officer	
STREET ADDRESS	7 STARFISH	1.3 STREET ADDRESS	should be deleted.	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP		
TITLE	DC	2.1 TITLE	☐ Change ☐ Addition	
NAME	JOHNSON, J. SEWARD JR.	2.2 NAME		
STREET ADDRESS	66 BATTLE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON NJ	2.4 CITY-ST-ZIP		
TITLE	C	3.1 TITLE	☐ Change ☐ Addition	
NAME	FARINACCI, STEPHEN M	3.2 NAME		
STREET ADDRESS	3208 MEMORY LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP		
TITLE	TS	4.1 TITLE	☐ Change ☐ Addition	
NAME	HEWITT, LOUIS R.	4.2 NAME		
STREET ADDRESS	25 WOLF PACK RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MERCERVILLE NJ	4.4 CITY-ST-ZIP		
TITLE	MDA	5.1 TITLE	DPS ☒ Change ☐ Addition	
NAME	HERMAN, RICHARD J.	5.2 NAME		
STREET ADDRESS	106 18TH AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	DVP ☒ Change ☐ Addition	
NAME	SCHAFER, CARL W.	6.2 NAME	Charles H. Bussman	
STREET ADDRESS	44 LAKE LANE	6.3 STREET ADDRESS	2761 N. Quincy St.	
CITY-ST-ZIP	PRINCETON NJ	6.4 CITY-ST-ZIP	Arlington, VA 22207	

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)(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.

SIGNATURE: Stephen M Farinacci **Stephen M. Farinacci** **4/3/95** **407/465-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000448