

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11043** (9)

1. Corporation Name
HIBISCUS CHILDREN'S CENTER, INC.



Principal Place of Business: 891 JENSEN BEACH BLVD. JENSEN BEACH FL 34957 US
Mailing Address: P.O. BOX 305 JENSEN BEACH FL 34958

3. Date Incorporated or Qualified: 09/11/1985
3a. Date of Last Report: 05/23/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2632361	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERRARD, JOHN E.
34 E 5TH STREET
STUART FL 34994

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GAGE, PATRICIA	1.2 NAME	BRADEN, DANIEL
STREET ADDRESS	5 EAST HIGH POINT ROAD	1.3 STREET ADDRESS	417 COCONUT AVE.
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART FL 34996
TITLE	VPD	2.1 TITLE	VPD
NAME	OLSSON, CHARLES	2.2 NAME	HARRELL, GAYLE
STREET ADDRESS	1952 SW WINDCROSS RUN	2.3 STREET ADDRESS	1885 NW EAGLE POINT
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	STUART FL 34994
TITLE	SD	3.1 TITLE	SD
NAME	HAYNES, LYNN	3.2 NAME	GARDNER, PAM
STREET ADDRESS	1850 NW PINETREE WAY	3.3 STREET ADDRESS	555 SE ST. LUCIE BLVD.
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART FL 34996
TITLE	TD	4.1 TITLE	TD
NAME	HOBSON, JOYCE A	4.2 NAME	FERRARO, FRANK
STREET ADDRESS	2440 SE FEDERAL HWY., STE. 600	4.3 STREET ADDRESS	4 KINGSTON CT.
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	STUART FL 34996
TITLE	CD	5.1 TITLE	CD
NAME	TILTON, LAVAUGHN	5.2 NAME	TILTON, LAVAUGHN
STREET ADDRESS	1926 NE RIVER COURT	5.3 STREET ADDRESS	4134 SE FAIRWAY EAST
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP	STUART FL 94997
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

Date

Daytime Phone #

CF2E037 (12/95)