

FILE NOW: FILING FEE IS \$61.25

FILED
97 FEB 25 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34958-0305

3. Date Incorporated or Qualified: 09/11/1985
3a. Date of Last Report: 02/22/1996
4. FEI Number: 59-2632361
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

2. Principal Place of Business (21-24) and Mailing Address (2a-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SHERRARD, JOHN E. 34 E 5TH STREET STUART FL 34994

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRADEN, DANIEL	
STREET ADDRESS	417 COCONUT AVENUE	
CITY - ST - ZIP	STUART FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HARRELL, AGYLE	
STREET ADDRESS	1885 NE EAGLE POINT	
CITY - ST - ZIP	STUART FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GARDNER, PAM	
STREET ADDRESS	555 SE ST. LUCIE BLVD	
CITY - ST - ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERRARO, FRANK	
STREET ADDRESS	4 KINGSTON COURT	
CITY - ST - ZIP	STUART FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	TILTON, LAVAUGHN	
STREET ADDRESS	4134 SE FAIRWAY EAST	
CITY - ST - ZIP	STUART 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	600002097636--5
1.4 CITY - ST - ZIP	-02/25/97--01142--025
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	**** 70.00 **** 70.00
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Alfred W. Hovis, Jr.
3.3 STREET ADDRESS	907 Central Parkway
3.4 CITY - ST - ZIP	Stuart, FL 34994
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 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: *Daniel Braden* 2/18/97 7287-8258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)