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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/11/1985	
4. FEI Number 59-2632361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
 (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE
NAME	HOVIS, ALFRED W JR.	
STREET ADDRESS	907 CENTRAL PARKWAY	
CITY-ST-ZIP	STUART FL 34994	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Harrell, Gayle	
1.3 STREET ADDRESS	1885 NE Eagle Pt.	
1.4 CITY-ST-ZIP	Stuart FL 34994	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lehach, George	
2.3 STREET ADDRESS	2201 SE Kingwood Terr.	
2.4 CITY-ST-ZIP	Stuart FL 34996	
3.1 TITLE	3D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richebourg, Margaret	
3.3 STREET ADDRESS	3 Timor Street	
3.4 CITY-ST-ZIP	Stuart, FL 34996	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Roegiers, Stephen	
4.3 STREET ADDRESS	250 Pelican Drive	
4.4 CITY-ST-ZIP	Stuart FL 34996	
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 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: *Gayle B. Harrell* **Gayle Harrell** 4/19/98 (561) 334-9311

CR2E037 (10/97)