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**Secretary of State**

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001/41-33

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N11043**

1. Corporation Name

**HIBISCUS CHILDREN'S CENTER, INC.**

Principal Place of Business

Mailing Address

891 JENSEN BEACH BLVD.  
 JENSEN BEACH FL 34957  
 US

P.O. BOX 305  
 JENSEN BEACH FL 34958



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt #, etc.

26 Suite, Apt. #, etc.

09/11/1985

22 City & State

27 City & State

4. FEI Number  
 59-2632361

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

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 **Borowicz, Jill M**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 1849 NE Victorian Lane  
 84 City **Jensen Beach** **FL** 85 Zip Code **34957**

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 *Jill Borowicz* **Jill M. Borowicz, Executive Director** 3/15/99  
Signature, typed or printed name of registered agent applicable if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEHACH, GEORGE	
STREET ADDRESS	2201 SE KINGSWOOD TERR	
CITY-ST-ZIP	STUART FL 34996	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRELL, GAYLE	
STREET ADDRESS	1885 NE EAGLE POINT	
CITY-ST-ZIP	STUART FL 34994	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RICHEBOURG, MARGARET	
STREET ADDRESS	3 TIMOR ST	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROEGIERS, STEPHEN	
STREET ADDRESS	250 PELICAN DR	
CITY-ST-ZIP	STUART FL 34996	
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		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lehach, George	
1.3 STREET ADDRESS	2201 SE Kingswood Terr	
1.4 CITY-ST-ZIP	Stuart, FL 34996	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Harrell, Gayle	
2.3 STREET ADDRESS	1885 NE Eagle Point	
2.4 CITY-ST-ZIP	Stuart, FL 34994	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Olsson, Charles	
3.3 STREET ADDRESS	5640 SW Orchid Bay Drive	
3.4 CITY-ST-ZIP	Palm City, FL 34990	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Roegiers, Stephen	
4.3 STREET ADDRESS	250 Pelican Dr	
4.4 CITY-ST-ZIP	Stuart, FL 34996	
5.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tilton, LaVaughn	
5.3 STREET ADDRESS	3462 SE Court Drive	
5.4 CITY-ST-ZIP	Stuart, FL 34997	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wolfe, Judie	
6.3 STREET ADDRESS	12410 Harbour Ridge Blvd	
6.4 CITY-ST-ZIP	Palm City, FL 34990	

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, with all other like empowered.

SIGNATURE: *George F. Lehach* 2/25/99 (561) 287-7575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)