

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11043

**Entity Name:** HIBISCUS CHILDREN'S CENTER, INC.

**Current Principal Place of Business:**

1145 12TH STREET  
VERO BEACH, FL 32960

**Current Mailing Address:**

1145 12TH STREET  
VERO BEACH, FL 32960 US

**FEI Number:** 59-2632361

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARKLEY, MATT  
2920 S. 25 STREET  
FORT PIERCE, FL 34981 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MATT MARKLEY

04/02/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST CHAIR  
Name HOLCZER, LOIS  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title CEO  
Name MARKLEY, MATT  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name EK, ARMUND  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name DAMSON, BARRIE  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name HORNER, BECKETT  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name CHRISTINA, HART DR.  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title VICE CHAIR  
Name NOONAN, FRANK  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title TREASURER  
Name SHAPIRO, ALLEN  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHY CANADA

CFO

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WALKER, TRAVIS  
Address 2920 S. 25 STREET  
City-State-Zip: FORT PIERCE FL 34981

Title DIRECTOR  
Name MULROONEY, DEBRA DR.  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title CFO  
Name CANADA, CATHY  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name BRADEN, DAN  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name KEHLENBACH, MARYANNE PR.  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name PETRY, FERNANDO DR.  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY  
Name WOOLSTON, WILLIAM  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title CAO  
Name BOCCABELLA, LOUIS  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title CHAIRMAN  
Name WILSON, DAVID  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name PETRY, FERNANDO  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title COO  
Name VINYARD, CAROLINE  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name HARRELL, MIKE  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name LAPORTA, MICHAEL  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name PRICE, CLAY  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name YOUNG, MARK  
Address 1145 12TH STREET  
City-State-Zip: VERO BEACH FL 32960