

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11043

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

**Current Principal Place of Business:**

2920 S. 25 STREET  
FORT PIERCE, FL 34981

**Current Mailing Address:**

2920 S. 25 STREET  
FORT PIERCE, FL 34981 US

**FEI Number:** 59-2632361

**Certificate of Status Desired:** No

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

SEXTON, PAUL  
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:** PAUL SEXTON

04/07/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HOLCZER, LOIS  
Address 891 NW RED PINE WAY  
City-State-Zip: JENSEN BEACH FL 34957

Title CEO  
Name SEXTON, PAUL  
Address 2920 S 25TH STREET  
City-State-Zip: FORT PIERCE FL 34981

Title DIRECTOR  
Name EK, ARMUND  
Address 2415 CLUB DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name DAMSON, BARRIE  
Address 6853 SE ISLE WAY  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name HORNER, BECKETT  
Address 7865 15TH LANE  
City-State-Zip: VERO BEACH FL 32966

Title DIRECTOR  
Name TINA , HART  
Address 1374 NE SKYLINE DR  
City-State-Zip: JENSEN BEACH FL 34957

Title PAST CHAIR  
Name LOWE, ROBERT  
Address 4949 N. A1A #131  
City-State-Zip: FT. PIERCE FL 34949

Title SECRETARY  
Name NOONAN, FRANK  
Address 6401 SE INLET WAY  
City-State-Zip: STUART FL 34996

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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:** PAUL SEXTON

CEO

04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           SHAPIRO, ALLEN  
Address        713 SHORE DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title           CHAIRMAN  
Name           WILSON, DAVID  
Address        100 LA COSTA COURT  
City-State-Zip: VERO BEACH FL 32963

Title           DIRECTOR  
Name           MULROONEY, DEBRA  
Address        9955 SW TORRIENTE LN  
City-State-Zip: PORT ST. LUCIE FL 34986

Title           DIRECTOR  
Name           TAYLOR, SHAWNA  
Address        593 SE PORT ST. LUCIE BLVD  
City-State-Zip: PORT ST. LUCIE FL 34984

Title           COO  
Name           BEALE, CAROLINE  
Address        2920 S. 25TH STREET  
City-State-Zip: FORT PIERCE FL 34981

Title           VC  
Name           WALKER, TRAVIS  
Address        1342 SW GAHAF AVE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title           DIRECTOR  
Name           EMMELUTH, JEFFREY  
Address        2312 SE SHIPPING RD  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title           DIRECTOR  
Name           PETRY, FERNANDO  
Address        2100 NEBRASKA AVE., STE 105  
City-State-Zip: FORT PIERCE FL 34950

Title           CFO  
Name           CANADA, CATHY  
Address        2920 S. 25TH STREET  
City-State-Zip: FORT PIERCE FL 34981