

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000763 (4)

1. Corporation Name

HAWTHORNE MEMORIAL FUND, INC.

Principal Place of Business

PO BOX 491700
LEESBURG FL 34749-1700

Mailing Address

PO BOX 491700
LEESBURG FL 34749-1700



3. Date Incorporated or Qualified
12/14/1992

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3166903

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

9. Name and Address of Current Registered Agent

SEWELL, STEPHEN G
907 WEBSTER STREET
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CLEORA, KEELEY	
STREET ADDRESS	244 PALO VERDE DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOWRY, RUSSELL	
STREET ADDRESS	301 HAWTHORNE BLVD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, VIRGINIA	
STREET ADDRESS	128 TAMARISK WAY	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONAHAN, ELEANOR	
STREET ADDRESS	135 JACARANDA DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHUEMANN, ETHEL	
STREET ADDRESS	101 PARADISE COVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOCKE, STANLEY U.	
STREET ADDRESS	100 CHESNUT ST.	
CITY-ST-ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P GEORGE WOLF
1.3 STREET ADDRESS	167 JACARANDA DRIVE
1.4 CITY-ST-ZIP	LEESBURG, FL 34748
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T JOHN CHASE
3.3 STREET ADDRESS	164 ROYAL PALM DRIVE
3.4 CITY-ST-ZIP	LEESBURG, FL 34748
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:

Eleanor P. Monahan
ELEANOR P. MONAHAN

1-24-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070270

CR2E037 (9/96)