

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90059 005 ****61.25

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1. Entity Name

HAWTHORNE MEMORIAL FUND, INC.



Principal Place of Business

100 HAWTHORNE BLVD
LEESBURG FL 34748

Mailing Address

129 ROYAL PALM DR.
LEESBURG FL 34748

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

158 Azalea Trail

City & State

City & State

Leesburg FL

Zip

Country

Zip

Country

34748

4. FEI Number

59-3166903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEWELL, STEPHEN G
907 WEBSTER STREET
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DIEDEN, ROBERT	
STREET ADDRESS	125 ROYAL PALM DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JANKE, JOSEPH	
STREET ADDRESS	129 ROYAL PALM DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	P	<input type="checkbox"/> Delete
NAME	SICKELS, MARJORIE	
STREET ADDRESS	128 TAMARISK WAY	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SIMERAL, DEAN	
STREET ADDRESS	117 AZALEA TRAIL	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLF, GEORGE	
STREET ADDRESS	167 JACARANDA STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRAWCZYK, GLADYS	
STREET ADDRESS	171 AZALEA TR	
CITY-ST-ZIP	LEESBURG FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEDEN, ROBERT	
STREET ADDRESS	125 ROYAL PALM DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	<i>Richard Blount, Richard</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>158 Azalea Trail</i>	
STREET ADDRESS	<i>Leesburg, FL 34748</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERRY BRINKMAN	
STREET ADDRESS	202 ASPEN CIRCLE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marjorie Sickels
Marjorie Sickels, President

Feb, 9, 2005

352-365-0522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #