

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010785

FILED  
Feb 25, 2007  
Secretary of State

**Entity Name:** HAWTHORNE LIONS CLUB, INC.

**Current Principal Place of Business:**

22200 S.E. 57TH AVENUE  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1680  
HAWTHORNE, FL 32640

**New Mailing Address:**

**FEI Number:** 59-6153307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWELL, PAUL D  
260A LAWRENCE BLVD  
SUITE 201  
KEYSTONE HEIGHTS, FL 32656 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, JENI  
Address: 20518 SE 24 AVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: V ( ) Delete  
Name: SEGAL, JANE  
Address: 145 TWIN LAKES RD.  
City-St-Zip: HAWTHORNE, FL 32640

Title: S ( ) Delete  
Name: SCOTT, ESTEE  
Address: PO BOX 1680  
City-St-Zip: HAWTHORNE, FL 32640

Title: T ( ) Delete  
Name: GARLITZ, JAY  
Address: POST OFFICE BOX 1333  
City-St-Zip: HAWTHORNE, FL 32640

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARLITZ, JAY  
Address: PO BOX 1333  
City-St-Zip: HAWTHORNE, FL 32640

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BOWEN, CECE  
Address: 5729 SE 230TH TERR.  
City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. JAY H GARLITZ

P

02/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date