

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007296

Entity Name: HAWTHORNE LIFE ENRICHMENT CENTER, INC.**Current Principal Place of Business:**21422 SE 69TH AVE
HAWTHORNE, FL 32640**Current Mailing Address:**PO BOX 794
HAWTHORNE, FL 32640-0128 US**FEI Number:** 27-3190912**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERTS, DELORIS
21422 SE 69TH AVE
HAWTHORNE, FL 32640 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	EXECUTIVE DIRECTOR
Name	ROBERTS, DELORIS
Address	PO BOX 2521
City-State-Zip:	HAWTHORNE FL 32640

Title	CHAIRMAN
Name	LEWIS, WALTER
Address	13807 N CR 225
City-State-Zip:	GAINESVILLE FL 32609

Title	SECRETARY, TREASURER
Name	LEWIS, THELMA Y
Address	13807 N CR 225
City-State-Zip:	GAINESVILLE FL 32609

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: DELORIS ROBERTS

EXECUTIVE DIRECTOR

02/03/2022

Electronic Signature of Signing Officer/Director Detail_____
Date