

**2018 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 DP  
Name ROBERTS, DELORIS  
Address PO BOX 2521  
City-State-Zip: HAWTHORNE FL 32640

Title D, VP  
Name STEPP, SHIRLEY  
Address P O BOX 340  
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR  
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: THELMA LEWIS**

**SECRETARY**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date