

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 727719 (7)  
1. Corporation Name  
HAWTHORNE DAY CARE CENTER, INC.

95 MAY -1 AM 10:06

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
701 S JOHNSON ST 701 S JOHNSON ST  
P.O. BOX 847 P.O. BOX 847  
HAWTHORNE FL 32640-0847 HAWTHORNE FL 32640  
US US

3. Date Incorporated or Qualified 10/10/1973 3a. Date of Last Report 04/28/1994  
4. FEI Number 59-1387927 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 27  
23 28  
24 25 29 30

9. Name and Address of Current Registered Agent  
HUTCHINSON, JIMMIE  
BOX 1347  
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent  
01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | DC                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HUTCHINSON, JIMMIE L | 1.2 NAME  |   |
| STREET ADDRESS             | 907 NW 7TH AVE       | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | HAWTHORNE FL         | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SLATER, BEATRICE J   | 2.2 NAME  |   |
| STREET ADDRESS             | JOHNSON CROSS RD S   | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | HAWTHORNE FL         | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GUTHRIE, DORIS D     | 3.2 NAME  |   |
| STREET ADDRESS             | 708 N.W. 8TH AVE     | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | HAWTHORNE FL         | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 6.4 CITY - ST - ZIP                                   |   |

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Jimmie L. Hutchinson Jimmie L. Hutchinson 5/1/95 (904) 481-2963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE