

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Martinez Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **727719** (7)

1. Corporation Name

HAWTHORNE DAY CARE CENTER, INC.



Principal Place of Business

Mailing Address

**701 S JOHNSON ST
P.O. BOX 847
HAWTHORNE FL 32640-0847
US**

**701 S JOHNSON ST
P.O. BOX 847
HAWTHORNE FL 32640-0847
US**

3. Date Incorporated or Qualified
10/10/1973

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1387927

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUTCHINSON, JIMMIE
BOX 1347
HAWTHORNE FL 32640.**

81 Name

John W. Martin

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

201 S.W. 5th St

83

Hawthorne

84

Hawthorne

FL

85

32640

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

John W. Martin President

4/29/97

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

DC

NAME

HUTCHINSON, JIMMIE L

STREET ADDRESS

907 NW 7TH AVE

CITY-ST-ZIP

HAWTHORNE FL 32640

TITLE

D

NAME

SLATER, BEATRICE J

STREET ADDRESS

JOHNSON CROSS RD S P.O. Box 501

CITY-ST-ZIP

HAWTHORNE FL 32640

TITLE

D

NAME

GUTHRIE, DORIS D

STREET ADDRESS

708 N.W. 8TH AVE

CITY-ST-ZIP

HAWTHORNE FL 32640

TITLE

D

NAME

Persi

STREET ADDRESS

Persi

CITY-ST-ZIP

Persi

TITLE

D

NAME

Persi

STREET ADDRESS

Persi

CITY-ST-ZIP

Persi

TITLE

D

NAME

Persi

STREET ADDRESS

Persi

CITY-ST-ZIP

Persi

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Chairman of the Board

1.2 NAME

John William Martin

1.3 STREET ADDRESS

201 S.W. 5th St P.O. Box DC

1.4 CITY-ST-ZIP

Hawthorne, FL 32640

2.1 TITLE

Persilla Gordon

2.2 NAME

Persilla Gordon 2060 E 5th Ave

2.3 STREET ADDRESS

Hawthorne FL 32640

2.4 CITY-ST-ZIP

Hawthorne FL 32640

3.1 TITLE

George Pinkney III

3.2 NAME

713 NW 6th Ave

3.3 STREET ADDRESS

Hawthorne, FL 32640

3.4 CITY-ST-ZIP

Hawthorne, FL 32640

4.1 TITLE

Julius Scott, Lewis

4.2 NAME

13th NW 8th St

4.3 STREET ADDRESS

Hawthorne, FL 32640

4.4 CITY-ST-ZIP

Hawthorne, FL 32640

5.1 TITLE

Gladys Wright

5.2 NAME

Persilla Gordon

5.3 STREET ADDRESS

2060 E 5th Ave

5.4 CITY-ST-ZIP

Hawthorne, FL 32640

6.1 TITLE

AL Green

6.2 NAME

Persilla Gordon

6.3 STREET ADDRESS

Persilla Gordon

6.4 CITY-ST-ZIP

Hawthorne, FL 14 NW 7th St

14. I do 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 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

John W. Martin

CR2E037 (9/96)