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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

3. Date Incorporated or Qualified 10/10/1973
3a. Date of Last Report 03/13/1996
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
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 Sulte, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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

10. Name and Address of New Registered Agent
81 Name John W. Martin
82 Street Address (P.O. Box Number is Not Acceptable) 201 S.W. 5th St.
83 ~~XXXXXXXXXX~~
84 City Hawthorne FL 85 Zip Code 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* DATE 4/29/97

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, JIMMIE L	
STREET ADDRESS	907 NW 7TH AVE	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLATER, BEATRICE J	
STREET ADDRESS	JOHNSON CROSS RD S P.O. Box 501	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTHRIE, DORIS D	
STREET ADDRESS	708 N.W. 8TH AVE	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Persi	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	XXXXXXXXXX	
2.3 STREET ADDRESS	2060 E. 5th Ave	
2.4 CITY-ST-ZIP	Hawthorne FL 32640 T	
3.1 TITLE	George Pinkney III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	713 NW 6th Ave	
3.3 STREET ADDRESS	Hawthorne, FL	
3.4 CITY-ST-ZIP	32640	
4.1 TITLE	Julius Scott, Lewis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	13th NW 8th St	
4.3 STREET ADDRESS	Hawthorne, FL	
4.4 CITY-ST-ZIP	32640	
5.1 TITLE	Gladys Wright	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	XXXXXXXXXX	
5.3 STREET ADDRESS	418 3rd Ave	
5.4 CITY-ST-ZIP	Hawthorne, FL 32640	
6.1 TITLE	Al Green	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	XXXXXXXXXX	
6.3 STREET ADDRESS	Hawthorne, FL	
6.4 CITY-ST-ZIP	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)