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Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727719** (7)
1. Corporation Name
HAWTHORNE DAY CARE CENTER, INC.



Principal Place of Business 701 S JOHNSON ST P.O. BOX 847 HAWTHORNE FL 32640-0847 US	Mailing Address 701 S JOHNSON ST P.O. BOX 847 HAWTHORNE FL 32640 US
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2. Principal Place of Business 21 603 S. Johnson St. Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 847 Suite, Apt. #, etc. 27
City & State 23 Hawthorne, FL Zip 24 32640 Country 25 USA	City & State 28 Hawthorne, FL Zip 29 32640 Country 30 USA

3. Date Incorporated or Qualified 10/10/1973
4. FEI Number 59-1387927
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MARTIN, JOHN W 201 SW 5TH ST HAWTHORNE FL 32640	10. Name and Address of New Registered Agent 81 Name James G. Franklin SR. 82 Street Address (P.O. Box Number is Not Acceptable) 603 South Johnson St. 83 P.O. Box 847 84 City Hawthorne FL 85 Zip Code 32640
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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 *James G. Franklin SR.* **James G. Franklin SR President - Board of Directors 6/25/98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC HUTCHINSON, JIMMIE L 907 NW 7TH AVE HAWTHORNE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLATER, BEATRICE J P O BOX 501 N/A HAWTHORNE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUTHRIE, DORIS D 708 N.W. 8TH AVE HAWTHORNE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GORDON, PERSILLA 206 SE 5TH AVE HAWTHORNE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PINKNEY, GEORGE I 713 NW 6TH AVE HAWTHORNE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, JULIUS S 13TH NW 8TH ST HAWTHORNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PT James G. Franklin SR 603 South Johnson St. Hawthorne, FL 32640
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D Betty R. Franklin 603 South Johnson St. Hawthorne, FL 32640
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D Lucille Thomas 603 South Johnson St. Hawthorne, FL 32640
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I 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 *James G. Franklin SR.* **James G. Franklin SR 6/25/98 327-481-3040**

CR2E037 (10/97)