

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727719

1. Corporation Name

HAWTHORNE DAY CARE CENTER, INC.

Hawthorne Learning Center, Inc.

Principal Place of Business

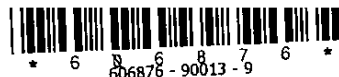
603 S JOHNSON STREET
HAWTHORNE FL 32640
US

Mailing Address

P O BOX 847
HAWTHORNE FL 32640
US

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90013 009 ****70.00



2. Principal Place of Business

21 603 South Johnson Street

Suite, Apt. #, etc.

22

City & State

23 Hawthorne, FL

Zip

24 32640

Country

25 US

2a. Mailing Address

26 P.O. Box 2409

Suite, Apt. #, etc.

27

City & State

28 Hawthorne, FL

Zip

29 32640

Country

30 US

3. Date Incorporated or Qualified

10/10/1973

4. FEI Number

59-1387927

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FRANKLIN, SR JAMES G
603 SOUTH JOHNSON STREET
P O BOX 847
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent

81 Name

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

83 603 South Johnson Street
P.O. Box 2409

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

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 PT ☐ DELETE

NAME FRANKLIN, SR JAMES G
STREET ADDRESS 603 SOUTH JOHNSON ST
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE D ☐ DELETE

NAME FRANKLIN, BETTY R
STREET ADDRESS 603 SOUTH JOHNSON ST
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE D ☐ DELETE

NAME THOMAS, LUCILLE
STREET ADDRESS 603 SOUTH JOHNSON STREET
CITY-ST-ZIP HAWTHOREN FL 32640

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/99

Date

352-481-2963

Daytime Phone #

CR2E037 (5/99)