


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90108 006 \*\*\*\*70.00

|   |                                |   |   |   |  |
|---|--------------------------------|---|---|---|--|
| <b>DOCUMENT # 751919</b><br>1. Entity Name<br><b>HAWTHORNE FIREFIGHTER'S AIDE, INC.</b>   |                                |   |   |  |  |
| Principal Place of Business<br>22200 S.E. 57 AVE.<br>PO BOX 1131<br>HAWTHORNE, FL 32640 US  |                                |   | Mailing Address<br>SID MARTIN HIGHWAY<br>PO BOX 1131<br>HAWTHORNE, FL 32640 US  |   |  |
| 2. Principal Place of Business  |                                |   | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                                |   | Suite, Apt. #, etc.   |   |  |
| City & State  |                                |   | City & State  |   |  |
| Zip   |                                | Country   |   | Zip   |  |
|   |                                |   |   | Country   |  |
| 4. FEI Number<br><b>59-3006843</b>  |                                |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |                                |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>EDWARDS, BEVERLY</b><br><b>22513 SE 61ST AVENUE</b><br><b>P.O. BOX 1305</b><br><b>HAWTHORNE, FL 32640</b>   |                                |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |                                |   |   |   |  |
| SIGNATURE   |                                | <i>Beverly Edwards</i><br>Signature, typed or printed name of registered agent and title if applicable. |   | 3-11-05<br>DATE   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |                                | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/>                     |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |                                |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                                |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE   | TD                             | <input type="checkbox"/> Delete   | TITLE   | P   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | EDWARDS, BEVERLY               |   | NAME  | Sylvia Williams   |  |
| STREET ADDRESS  | 22513 SE 61ST AVE/ PO BOX 1305 |   | STREET ADDRESS  | 17210 NE 70th Av  |  |
| CITY-ST-ZIP   | HAWTHORNE, FL 32640            |   | CITY-ST-ZIP   | Hawthorne Fl. 32640   |  |
| TITLE   | SD                             | <input type="checkbox"/> Delete   | TITLE   | VD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | HAY, MARJORIE                  |   | NAME  | Jannelle Smith  |  |
| STREET ADDRESS  | 21628 SE 69 AVENUE             |   | STREET ADDRESS  | 22517 SE 58th Pl.   |  |
| CITY-ST-ZIP   | HAWTHORNE, FL 32640            |   | CITY-ST-ZIP   | Hawthorne Fl. 32640   |  |
| TITLE   | P                              | <input checked="" type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | MORRIS, PEGGY                  |   | NAME  |   |  |
| STREET ADDRESS  | 134 FAYE STREET                |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | HAWTHORNE, FL 32640            |   | CITY-ST-ZIP   |   |  |
| TITLE   | VD                             | <input checked="" type="checkbox"/> Delete  | TITLE   | VD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | WILLIAMS, SYLVIA               |   | NAME  | Eleanor Lusk  |  |
| STREET ADDRESS  | 17210 NE 70 AVE                |   | STREET ADDRESS  | 204 Ash St.   |  |
| CITY-ST-ZIP   | HAWTHORNE, FL 32640            |   | CITY-ST-ZIP   | Hawthorne Fl. 32640   |  |
| TITLE   | VD                             | <input checked="" type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | CANTELON, MICHAEL              |   | NAME  |   |  |
| STREET ADDRESS  | 6840 SE 221 STREET             |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | HAWTHORNE, FL 32640            |   | CITY-ST-ZIP   |   |  |
| TITLE   |                                | <input type="checkbox"/> Delete   | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                                |   | NAME  |   |  |
| STREET ADDRESS  |                                |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                |   | CITY-ST-ZIP   |   |  |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                |   |   |   |  |
| SIGNATURE: <i>Beverly Edwards</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                |   | 3-11-05 352 481-3329<br>Date Daytime Phone #  |   |  |