



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90044 035 ****70.00

DOCUMENT # 751919 1. Entity Name HAWTHORNE FIREFIGHTER'S AIDE, INC.					
Principal Place of Business 22200 S.E. 57 AVE. PO BOX 1131 HAWTHORNE, FL 32640 US			Mailing Address SID MARTIN HIGHWAY PO BOX 1131 HAWTHORNE, FL 32640 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01262008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3006843	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EDWARDS, BEVERLY 22513 SE 61ST AVENUE P.O. BOX 1305 HAWTHORNE, FL 32640			7. Name and Address of New Registered Agent Name Elly Lusk Street Address (P.O. Box Number is Not Acceptable) 204 Ash Street City Hawthorne FL 32640		
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 <u>Elly Lusk Vice Pres</u> <u>4/1/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, BEVERLY 22513 SE 61ST AVE/ PO BOX 1305 HAWTHORNE, FL 32640	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Williams, Sylvia 17210 N.E. 70 Ave Hawthorne FL 32640	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAY, MARJORIE 21628 SE 69 AVENUE HAWTHORNE, FL 32640	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, PEGGY 134 FAYE STREET HAWTHORNE, FL 32640	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUSK, ELLY 204 ASH STREET HAWTHORNE, FL 32640	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Beverly Edwards</u> Beverly Edwards, Treasurer 4-1-08 481-3329 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					