

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751919

FILED
Apr 16, 2009
Secretary of State

Entity Name: HAWTHORNE FIREFIGHTER'S AIDE, INC.

Current Principal Place of Business:

22200 S.E. 57 AVE.
PO BOX 1131
HAWTHORNE, FL 32640 US

New Principal Place of Business:

22200 S.E. 57 AVE.
HAWTHORNE, FL 32640 US

Current Mailing Address:

SID MARTIN HIGHWAY
PO BOX 1131
HAWTHORNE, FL 32640 US

New Mailing Address:

P. O. BOX 1131
HAWTHORNE, FL 32640 US

FEI Number: 59-3006843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUSK, ELLY
204 ASH STREET
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: EDWARDS, BEVERLY
Address: 22513 SE 61ST AVE/ PO BOX 1305
City-St-Zip: HAWTHORNE, FL 32640

Title: SD () Delete
Name: WILLIAMS, SYLVIA
Address: 17210 NE 70 AVE
City-St-Zip: HAWTHORNE, FL 32640

Title: P () Delete
Name: MORRIS, PEGGY
Address: 134 FAYE STREET
City-St-Zip: HAWTHORNE, FL 32640

Title: VD () Delete
Name: LUSK, ELLY
Address: 204 ASH STREET
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: EDWARDS, BEVERLY A
Address: 22513 SE 61ST AVENUE
City-St-Zip: HAWTHORNE, FL 32640

Title: VPS (X) Change () Addition
Name: WILLIAMS, SYLVIA
Address: 17210 NE 70 AVE
City-St-Zip: HAWTHORNE, FL 32640

Title: P (X) Change () Addition
Name: LUSK, ELLY
Address: 204 ASH STREET
City-St-Zip: HAWTHORNE, FL 32640

Title: VP (X) Change () Addition
Name: ORTEGA, ERMA D
Address: 22513 SE 61ST AVENUE
City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY EDWARDS

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date