


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003380 1. Entity Name CHURCH OF CHRIST AT HAWTHORNE, INC.	
--	---

Principal Place of Business 5228 US HWY 301 N HAWTHORNE, FL 32640	Mailing Address PO BOX 1696 HAWTHORNE, FL 32640
---	---

DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEBOSE, JOSEPH C
1278 SE 13 AVE
GAINESVILLE, FL 32641-8175**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000898962
04/28/08-80019-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DEBOSE, JOSEPH C 5228 US HWY 301 N HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEBOSE, CARMA 5228 US HWY 301 N HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Joseph C. Debose **4-14-08** **352 682-6796**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
224-5819