

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009944

FILED
Jan 06, 2004
Secretary of State

Entity Name: HAWTHORNE VILLAGE CORPORATION OF APOPKA

Current Principal Place of Business:

235 E. 5TH ST
APOPKA, FL 32704

New Principal Place of Business:

Current Mailing Address:

235 E. 5TH ST
APOPKA, FL 32704

New Mailing Address:

FEI Number: 25-1902962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLOM, H. LEWIS
235 E. 5TH ST
APOPKA, FL 32704

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: DP () Delete
Name: KELLOM, H. LEWIS
Address: P.O. BOX 761
City-St-Zip: APOPKA, FL 32703

Title: DVP () Delete
Name: ALLEN, LELIA W
Address: 400 S. ORANGE AVE., 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: DST () Delete
Name: MCCOY, BONITA S
Address: 235 E. 5TH ST
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: H. LEWIS KELLOM

DP

01/06/2004

Electronic Signature of Signing Officer or Director

Date