

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000091

FILED  
Aug 19, 2009  
Secretary of State

Entity Name: G.L. HAWTHORNE MINISTRY INC.

## Current Principal Place of Business:

P.O. BOX 308  
DUNDEE, FL 33838

## New Principal Place of Business:

2101 2ND ST N.E  
WINTER HAVEN, FL 33881

## Current Mailing Address:

P.O. BOX 308  
DUNDEE, FL 33838

## New Mailing Address:

FEI Number: 58-2678956      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HAWTHORNE SR, G.L.  
1679 WATERVIEW LOOP  
HAINES CITY, FL 33844      US

## Name and Address of New Registered Agent:

HAWTHORNE SR, G.L.  
5727 OLD LUCERNE PARK RD  
WINTER HAVEN, FL 33881      US

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:

08/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: HAWTHORNE, G.L.  
Address: 5727 OLD LUCERNE PARK RD  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D      ( ) Delete  
Name: COLEMAN, DERRICK  
Address: PO BOX 3214  
City-St-Zip: WINTER HAVEN, FL 33885

Title: S      ( ) Delete  
Name: WIGGINS, DARRIUS  
Address: 200 AVENUE K SE APT 51  
City-St-Zip: WINTER HAVEN, FL 33880

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S      (X) Change ( ) Addition  
Name: WIGGINS, TEQUILLA  
Address: 4953A OLD LUCERNE PARK RD  
City-St-Zip: WINTER HAVEN, FL 33881

Title: S      (X) Change ( ) Addition  
Name: SMITH, ASHLEY  
Address: 2101 2ND ST NE  
City-St-Zip: WINTER HAVEN, FL 33881

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: TEQUILLA L. WIGGINS

S

08/19/2009

Electronic Signature of Signing Officer or Director

Date