

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
07 NOV 27 AM 11:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002867

1. Entity Name  
HAWTHORNE MEMORIAL AMERICAN LEGION POST 329  
INC.



Principal Place of Business  
186 JACARANDA DR  
LEESBURG, FL 34748

Mailing Address  
186 JACARANDA DR  
LEESBURG, FL 34748

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

6. Name and Address of Current Registered Agent  
HURT, CHARLES N  
186 JACARANDA DR  
LEESBURG, FL 34748



REINSTATEMENT

4. FEI Number  
NOT APPLICABLE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For  
Not Applicable

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Charles N. Hurt* CHARLES N. HURT, COMMANDER 11/3/07  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25  
After January 1, 2008, Fee will be \$297.50

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	P HURT, CHARLES N 186 JACARANDA DR LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500112599965 11/27/07--01024--001 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP STODDARD, ROY J 225 HAWTHORNE BLVD LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>on 11/29</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP FAUCHER, DONALD 100 JACARANDA DR LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMIDT-ANDERSON, PATRICIA 108 JACARANDA DR LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, RICHARD E 200 JACARANDA DR LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WETTER, ROBERT 217 HAWTHORNE BLVD LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Robert H. Wetter* ROBERT H WETTER 11-3-2007 352-365-2149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #