

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90002 002 ****61.25

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**

40115349



2. Principal Place of Business - No P.O. Box #
123 Royal Palm Dr

3. Mailing Address
123 Royal Palm DR.

Suite, Apt. #, etc.
Leesburg, Fl.

Suite, Apt. #, etc.
Leesburg, Fl.

City & State
34748

City & State
34748

Zip
Lake

Country
Lake

07082008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**HURT, CHARLES N
186 JACARANDA DR
LEESBURG, FL 34748**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Edward Crowell

Street Address (P.O. Box Number is Not Acceptable)
123 Royal Palm Dr..

Leesburg, Fl.

City
FL Zip Code
34748

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 *Edward Crowell* DATE **27 Aug 08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
Due by **September 12, 2008**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> Delete
NAME HURT, CHARLES N	
STREET ADDRESS 186 JACARANDA DR	
CITY-ST-ZIP LEESBURG, FL 34748	
TITLE 1VP	<input checked="" type="checkbox"/> Delete
NAME STODDARD, ROY J	
STREET ADDRESS 225 HAWTHORNE BLVD	
CITY-ST-ZIP LEESBURG, FL 34748	
TITLE 2VP	<input checked="" type="checkbox"/> Delete
NAME FAUCHER, DONALD	
STREET ADDRESS 100 JACARANDA DR	
CITY-ST-ZIP LEESBURG, FL 34748	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME SCHMIDT-ANDERSON, PATRICIA	
STREET ADDRESS 108 JACARANDA DR	
CITY-ST-ZIP LEESBURG, FL 34748	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME MURRAY, RICHARD E	
STREET ADDRESS 200 JACARANDA DR	
CITY-ST-ZIP LEESBURG, FL 34748	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME WETTER, ROBERT	
STREET ADDRESS 217 HAWTHORNE BLVD	
CITY-ST-ZIP LEESBURG, FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Crowell, Edward	
STREET ADDRESS 123 Royal Palm Dr.	
CITY-ST-ZIP Leesburg Fl. 34748	
TITLE 1vp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Love, Richard	
STREET ADDRESS 606 Hawthorne Blvd.	
CITY-ST-ZIP Leesburg, Fl. 34748	
TITLE 2vp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Faucher, Donald	
STREET ADDRESS 100 Jacaranda Dr.	
CITY-ST-ZIP Leesburg, Fl. 34748	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Gatzemeyer, Norman	
STREET ADDRESS 113 Aspen Circle	
CITY-ST-ZIP Leesburg, Fl. 34748	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Hurt, Charles	
STREET ADDRESS 186 Jacaranda DR.	
CITY-ST-ZIP Leesburg, Fl. 34748	
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Rynyan, William	
STREET ADDRESS 144 Azalea Trail	
CITY-ST-ZIP Leesburg, Fl. 34748	

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 *Norman Gatzemeyer* **NORMAN GATZEMEYER** DATE **8/26/2008** DAYTIME PHONE # **352-7082218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR