


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20, 1999 8:00am
Secretary of State

01-20-1999 90004 018 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N06230**

1. Corporation Name

DAN HAWTREE EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

2400 FOREST DR., BLDG. 6, APT 227
P.O. BOX 2756
INVERNESS FL 34451-2756
US

Mailing Address

2400 FOREST DR., BLDG. 6, APT 227
P.O. BOX 2756
INVERNESS FL 34451-2756
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/19/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		59-2894403	
24		25		29	
26		27		28	
29		30		31	
32		33		34	
35		36		37	
38		39		40	
41		42		43	
44		45		46	
47		48		49	
50		51		52	
53		54		55	
56		57		58	
59		60		61	
62		63		64	
65		66		67	
68		69		70	
71		72		73	
74		75		76	
77		78		79	
80		81		82	
83		84		85	
86		87		88	
89		90		91	
92		93		94	
95		96		97	
98		99		100	

9. Name and Address of Current Registered Agent

HAWTREE, DANIEL M
2400 FOREST DRIVE, BUILDING 6, APT. 227
INVERNESS FL 34451

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

14. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HAWTREE, DANIEL M	1.2 NAME	
STREET ADDRESS	2400 FOREST DR,BLG 6,227	1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	HAWTREE, PATRICIA J	2.2 NAME	
STREET ADDRESS	2400 FOREST DR,BLG 6,227	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	STEINHART, DAVID	3.2 NAME	
STREET ADDRESS	1486 HUNDRED OAKS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FESTUS MO	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia J. Hawtree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/4/99
Daytime Phone # 352-726-7042

CR2E037 (1/98)