

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90210 017 ****61.25

DOCUMENT # N06230

1. Entity Name

DAN HAWTREE EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

UUU40134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2894403

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAWTREE, DANIEL M	
STREET ADDRESS	2400 FOREST DR,BLG 6,227	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HAWTREE, PATRICIA J	
STREET ADDRESS	2400 FOREST DR,BLG 6,227	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINHART, DAVID	
STREET ADDRESS	1486 HUNDRED OAKS DRIVE	
CITY-ST-ZIP	FESTUS MO	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	

12. 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 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: **PATRICIA J. HAWTREE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia J. Hawtree Sec. 3/1/2000 352-726-7043
 Vice President Time Phone #

CR2E037 (9/99)