

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90013 020 ****61.25

DOCUMENT # N06230

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
2489 W. Eric Drive

3. Mailing Address
 Suite, Apt. #, etc.
P. O. Box 2756

City & State
Citrus Springs, FL

City & State
Inverness, FL

Zip
34434

Country
U.S.

Zip
34451

Country
U.S.

4. FEI Number **59-2894403**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
HAWTREE, DANIEL M.

Street Address (P.O. Box Number is Not Acceptable)
2489 W. Eric Drive

City
Citrus Springs, FL

Zip Code
34434

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWTREE, DANIEL M. 2489 W. Eric Drive Citrus Springs, FL 34434	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAWTREE, PATRICIA J 2489 W. Eric Drive Citrus Springs, FL 34434	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, Sec.** *Patricia J. Hawtree, Sec.* **4/12/02** **352-489-8885**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)