

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90226 013 ****66.25



DOCUMENT # N06230
1. Entity Name
DAN HAWTREE EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business: **2489 W ERIC DRIVE
CITRUS SPRINGS FL 34434
US**
Mailing Address: **P.O. BOX 2756
INVERNESS FL 34451
US**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E037 (10/05)
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
2489 W ERIC DRIVE
DUNNELLON FL 34434**

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 _____
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
Due By May 1, 2006**

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	PD	<input type="checkbox"/> Delete
NAME	HAWTREE, DANIEL M	
STREET ADDRESS	2489 W ERIC DRIVE	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HAWTREE, PATRICIA J	
STREET ADDRESS	2489 W ERIC DRIVE	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINHART, DAVID	
STREET ADDRESS	1486 HUNDRED OAKS DRIVE	
CITY-ST-ZIP	FESTUS MO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL HAWTREE, JR	
STREET ADDRESS	1865 CUDE ROAD	
CITY-ST-ZIP	COLFAX, NC 27235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Patricia J. Hawtree - VSD** *Patricia J. Hawtree* 4/24/06 352-489-8885