

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011835

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** HAWTHORNE AREA COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

6700 SE 221ST STREET  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

**Current Mailing Address:**

6700 SE 221ST STREET  
HAWTHORNE, FL 32640

**New Mailing Address:**

**FEI Number:** 42-1750668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SURRENCY, HEATHER  
6700 SE 221ST STREET  
HAWTHORNE, FL 32640 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SURRENCY, HEATHER  
Address: 184 INDIAN LAKES ROAD  
City-St-Zip: HAWTHORNE, FL 32640

Title: DT ( ) Delete  
Name: KITCHING, STAN  
Address: 200 N GRAND AVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete  
Name: LOGAN, TIM  
Address: 506 CHOCKTAW CIR  
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete  
Name: ROBERTS, DELORIS  
Address: 709 W LAKE AVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: DS ( ) Delete  
Name: STUART, MEMREE  
Address: HIGHWAY 20  
City-St-Zip: HAWTHORNE, FL 32640

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GIBBS, WILLIAM  
Address: 6597 CAMELOT COURT  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: ROTH, DENNIS  
Address: 9535 HOLDEN PARK ROAD  
City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN KITCHING

DT

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date