2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011835

FILED Apr 22, 2009 Secretary of State

Entity Name: HAWTHORNE AREA COMMUNITY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6700 SE 221ST STREET HAWTHORNE, FL 32640 **Current Mailing Address: New Mailing Address:** 6700 SE 221ST STREET PO BOX 111 HAWTHORNE, FL 32640 HAWTHORNE, FL 32640 FEI Number: 42-1750668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SURRENCY, HEATHER 6700 SE 221ST STREET HAWTHORNE, FL 32640 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SURRENCY, HEATHER Name: Name: 184 INDIAN LAKES ROAD Address: Address: HAWTHORNE, FL 32640 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition KITCHING, STAN Name: Name: Address: 200 N GRAND AVE Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: Title: () Delete Title: (X) Change () Addition LOGAN, TIM Name: STALLINGS, MICHALE Name: 506 CHOCKTAW CIR 188 LITTLE ORANGE LAKE DRIVE Address: Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: HAWTHORNE, FL 32640 Title: () Delete Title: (X) Change () Addition Name: GIBBS, WILLIAM Name: HENRY, SHANE Address: 6597 CAMELOT COURT Address: PO BOX 8 City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: HAWTHORNE, FL 32640 Title: DS () Delete Title: (X) Change () Addition STUART, MEMREE STUART, MEMREE Name: Name: HIGHWAY 20 4920 SE 155TH STREET Address: Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: HAWTHORNE, FL 32640 Title: () Delete Title: (X) Change () Addition ROTH, DENNIS RANDALL, GILBERT Name: Name: Address: 9535 HOLDEN PARK ROAD Address: PO BOX 1202 HAWTHORNE, FL 32640 HAWTHORNE, FL 32640 City-St-Zip: City-St-Zip:

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 04/22/2009