



2015 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N10000006078 1. Entity Name THE HADLEY, HAWTHORNE, DICKEY, AND WALDEN FAMILY REUNION ASSOCIATION, INC.						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> FILED 15 MAR -9 PM 7:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 2607 SO. HANNON HILL DRIVE TALLAHASSEE, FL 32309				Mailing Address P.O. BOX 15577 TALLAHASSEE, FL 32317			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MANNING, ALTHA F MRS. 2607 SO. HANNON HILL DR. TALLAHASSEE, FL 32309				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u><i>Altha Manning</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/6/2015</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2016, Fee will be \$297.50				Make check payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PRES	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANNING, ALTHA F MANNING			NAME	800270428478		
STREET ADDRESS	2607 S. HANNON HILL DRIVE			STREET ADDRESS	03/10/15--01001--019 **297.50		
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, KEITH T			<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg);"> REINSTATEMENT 2014-2015 TO ACKNOWLEDGE SUFFICIENCY OF FILING </div> <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> RECEIVED 15 MAR -9 PM 2:08 DEPARTMENT OF STATE </div>			
STREET ADDRESS	2607 SO. HANNON HILL DRIVE						
CITY-ST-ZIP	TALLAHASSEE, FL 32309						
TITLE	S R	<input type="checkbox"/> Delete					
NAME	RHODES, WILMA W						
STREET ADDRESS	2607 SO. HANNON HILL DRIVE						
CITY-ST-ZIP	TALLAHASSEE, FL 32309						
TITLE	S C	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEACHAM, JULIET						
STREET ADDRESS	2607 SO. HANNON HILL DRIVE						
CITY-ST-ZIP	TALLAHASSEE, FL 32309						
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNG, MICHELLE						
STREET ADDRESS	2607 SO. HANNON HILL DRIVE						
CITY-ST-ZIP	TALLAHASSEE, FL 32309						
TITLE	PL	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANNING, GEORGE R II			Treasurer			
STREET ADDRESS	1037 ROYAL ST. GEORGE DR.			Manning, George R II			
CITY-ST-ZIP	ORLANDO, FL 32828			1037 Royal Saint George Drive			
				Orlando, FL 32828			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>George R. Manning II</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>3/6/15</u> <u>russe11.manning23@gmail.com</u> <small>DATE E-MAIL ADDRESS</small>			