

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007296

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** HAWTHORNE LIFE ENRICHMENT CENTER, INC.

**Current Principal Place of Business:**

6640 SE 221ST STREET  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 128  
HAWTHORNE, FL 326400128

**New Mailing Address:**

**FEI Number:** 27-3190912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, DELORIS  
21422 SE 69TH AVE  
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  
**Name:** ROBERTS, DELORIS  
**Address:** PO BOX 2521  
**City-St-Zip:** HAWTHORNE, FL 32640

**Title:** DV  
**Name:** STEPP, SHIRLEY  
**Address:** PO BOX 340  
**City-St-Zip:** HAWTHORNE, FL 32640

**Title:** DS  
**Name:** SOMMONS-JONES, CHERYLE  
**Address:** PO BOX 1461  
**City-St-Zip:** HAWTHORNE, FL 32640

**Title:** DT  
**Name:** MCMEEKINS, E. JEFF  
**Address:** PO BOX 128  
**City-St-Zip:** HAWTHORNE, FL 32640

I hereby 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 all other like empowered.

**SIGNATURE:** EJ MCMEEKINS

DT

04/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date