

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002958

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** HAWTHORNE AREA HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

7225 S.E. 221 STREET  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1988  
HAWTHORNE, FL 32640

**New Mailing Address:**

**FEI Number:** 45-1534001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEWILIBY, BONITA H  
1705 SW 56 LANE  
GAINESVILLE, FL 32608 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: P  
Name: DEWILIBY, BONITA H  
Address: 1705 SW 56 LANE  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP  
Name: BROWN-STALLINGS, JANIS  
Address: 188 LITTLE ORANGE LAKE DRIVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: S  
Name: MOORE, PAT  
Address: 10922 SCOTT MILL ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: T1  
Name: MOORE, RICHARD G  
Address: P.O. BOX 1988  
City-St-Zip: HAWTHORNE, FL 32640

Title: T2  
Name: SEGAL, JANE L  
Address: P.O. BOX 130  
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: BONITA H. DEWILIBY

P

01/05/2012

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

\_\_\_\_\_  
Date