

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30102

FILED  
Jan 26, 2007  
Secretary of State

Entity Name: HAWTHORNE WOMEN'S CLUB, INC.

## Current Principal Place of Business:

13 NORTHWEST FIRST STREET  
P.O. BOX 1407  
HAWTHORNE, FL 32640

## New Principal Place of Business:

6751 SE 220 TERR  
HAWTHORNE, FL 32640

## Current Mailing Address:

13 NORTHWEST FIRST STREET  
P.O. BOX 1407  
HAWTHORNE, FL 32640

## New Mailing Address:

P O BOX 1407  
HAWTHORNE, FL 32640

FEI Number: 59-2948166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOGGS, PATRICIA R.  
14601 S.E. 204TH TERR.  
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: PD ( ) Delete  
Name: PALMER, SUSAN  
Address: P. O. BOX 1565  
City-St-Zip: HAWTHORNE, FL 32640

Title: VD ( ) Delete  
Name: MCCORMICK, GRACE  
Address: P O BOX 2305  
City-St-Zip: HAWTHORNE, FL 32640

Title: DT ( ) Delete  
Name: SPARKMAN, VIVIAN  
Address: P.O.BOX94  
City-St-Zip: HAWTHORNE, FL 32640

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SPARKMAN, VIVIAN  
Address: P. O. BOX 94  
City-St-Zip: HAWTHORNE, FL 32640

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

Title: DT (X) Change ( ) Addition  
Name: PALMER, SUSAN  
Address: P.O.BOX 1565  
City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify for the 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: VIVIAN SPARKMAN

PD

01/26/2007

Electronic Signature of Signing Officer or Director

Date