

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N92000000763

1. Entity Name
HAWTHORNE MEMORIAL FUND, INC.



Principal Place of Business
**100 HAWTHORNE BLVD
LEESBURG, FL 34748**

Mailing Address
**158 AZALEA TRAIL
LEESBURG, FL 34748**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3166903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SEWELL, STEPHEN G
907 WEBSTER STREET
LEESBURG, FL 34748**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000632374
02/21/07-80019-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIEDEN, ROBERT 125 ROYAL PALM DR LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLOUNT, RICHARD 158 AZALEA TRAIL LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICKELS, MARJORIE 128 TAMARISK WAY LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAWFORD, JESSIE R 436 PALO VERDE DR LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, GEORGE 187 JACARANDA STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAWCZYK, GLADYS 171 AZALEA TR LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

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: Robert W. Dieden **ROBERT W. DIEDEN** 2/7/07 352-228-4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #