

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000763

FILED
Jan 05, 2009
Secretary of State

Entity Name: HAWTHORNE MEMORIAL FUND, INC.

Current Principal Place of Business:

100 HAWTHORNE BLVD
LEESBURG, FL 34748

New Principal Place of Business:

100 HAWTHORNE BLVD.
LEESBURG, FL 34748

Current Mailing Address:

158 AZALEA TRAIL
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3166903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEWELL, STEPHEN G
907 WEBSTER STREET
LEESBURG, FL 34748 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 () Delete
Name: DIEDEN, ROBERT
Address: 125 ROYAL PALM DR
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: BLOUNT, RICHARD
Address: 158 AZALEA TRAIL
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: SICKELS, MARJORIE
Address: 128 TAMARISK WAY
City-St-Zip: LEESBURG, FL

Title: VP () Delete
Name: CRAWFORD, JESSIE R
Address: 436 PALO VERDE DR
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: WOLF, GEORGE
Address: 167 JACARANDA STREET
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: KRAWCZYK, GLADYS
Address: 171 AZALEA TR
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD BLOUNT

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date