

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90084 029 ****61.25

DOCUMENT # N93000003292

1. Entity Name

FIRST BAPTIST CHURCH OF HAWTHORNE, INC.



Principal Place of Business

P.O. BOX 280
22027 SOUTHEAST 65TH AVENUE
HAWTHORNE FL 32640
US

Mailing Address

202 NORTH JOHNSON STREET
PO BOX 280
HAWTHORNE FL 32640
US

01000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Alachua

Zip

Country

Alachua

4. FEI Number

59-1570536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMEEKIN, ELLINGTON J JR
21907 SOUTHEAST 71ST AVENUE
P O BOX 128
HAWTHORNE FL 32640

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Ellington J. McMeekin, Jr., Treasurer

Jan. 26, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITILE **T** ☒ Delete
NAME DANIELSEN, ADELE
STREET ADDRESS PO BOX 16
CITY-ST-ZIP LOCHLOOSA FL 32662

TITILE **T** ☐ Delete
NAME YOKUM, JANET
STREET ADDRESS 167 RILEY LAKE DR.
CITY-ST-ZIP HAWTHORNE FL 32640

TITILE **T** ☐ Delete
NAME COLVIN, ELEANOR
STREET ADDRESS 18107 SOUTHEAST HAWTHORNE ROAD
CITY-ST-ZIP HAWTHORNE FL 32640

TITILE **T VC** ☐ Delete
NAME DANIEL, DAN
STREET ADDRESS PO BOX 306
CITY-ST-ZIP ORANGE SPRINGS FL 32182

TITILE **C** ☐ Delete
NAME BRISTOW, CARL
STREET ADDRESS PO BOX 1233
CITY-ST-ZIP HAWTHORNE FL 32640

TITILE **VC** ☒ Delete
NAME REGEN, RONNIE
STREET ADDRESS PO BOX 2185
CITY-ST-ZIP HAWTHORNE FL 32640

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE **T** ☒ Change ☐ Addition
NAME Ruth Mullis
STREET ADDRESS 17429 S. E. 49th Place
CITY-ST-ZIP Hawthorne, FL 32640

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE **T** ☒ Change ☐ Addition
NAME Kenneth Tanner
STREET ADDRESS P.O. Box 1191
CITY-ST-ZIP Hawthorne, FL 32640

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ellington J. McMeekin, Jr., Treasurer

352-481-7591
Jan. 26, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #