

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90063 020 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

COLVIN, ELEANOR J
18107 SE HAWTHORNE RD
P O BOX 245
HAWTHORNE FL 32640

Name

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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

TITLE	T	<input type="checkbox"/> Delete
NAME	DUGGER, DANA	
STREET ADDRESS	20609 SE 24TH AVE	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOCUM, JANET	
STREET ADDRESS	167 RILEY LAKE DR.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLVIN, ELEANOR	
STREET ADDRESS	18107 SOUTHEAST HAWTHORNE ROAD	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	T	<input type="checkbox"/> Delete
NAME	DANIEL, THOMAS M	
STREET ADDRESS	939 CR 21 S.	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	C	<input type="checkbox"/> Delete
NAME	BRISTOW, CARL	
STREET ADDRESS	3909 SE HWY 301	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KNABB, DALE	
STREET ADDRESS	225 PRICE RD	
CITY-ST-ZIP	HAWTHORNE FL 32640	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eleanor J. Colvin* Eleanor J. Colvin 2/03/06 (352 481-4514)