


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N93000003406</b>	
1. Entity Name <b>FIRST UNITED METHODIST CHURCH OF HAWTHORNE, INC.</b>	

Principal Place of Business <b>21930 SE 67TH PLACE HAWTHORNE, FL 32640 US</b>	Mailing Address <b>PO BOX 458 HAWTHORNE, FL 32640 US</b>
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**DO NOT WRITE IN THIS SPACE**



03052007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3208249</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MARROCCO, ROBERT  
6932 SE 222ND STREET  
HAWTHORNE, FL 32640**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LARGEN, LOUISE W 14224 SE 201 TERRACE HAWTHORNE, FL 32640</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GROSS, HENRY D 9328 HOLDEN PARK ROAD HAWTHORNE, FL 32640</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAYTON, MYRNA L 14122 SE 201ST ST HAWTHORNE, FL 32640</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERRI, LYNDIA T 1110 NE 158TH TERRACE GAINESVILLE, FL 32641</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HENDERSON, DAVIS 20223 SE 141ST PLACE HAWTHORNE, FL 32640</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROCKMAN, JEANNE 5818 SE 230 TERRACE HAWTHORNE, FL 32640</b>

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000000676783  
03/30/07-80075-008 61.25

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: Louise W. Largent **3-12-07** **352 481 3098**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LOUISE W. LARGEN