


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

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90048 030 ****61.25

DOCUMENT # N93000003946	
1. Entity Name HAWTHORNE AREA CHAMBER OF COMMERCE, INC.	

Principal Place of Business 7230 SOUTHEAST US HIGHWAY 301 HAWTHORNE FL 32640 US	Mailing Address PO BOX 125 HAWTHORNE FL 32640
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3201019		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent POTTER, REGINA 6489 IMMOKALEE RD KEYSTONE HEIGHTS FL 32656		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T HAMILTON, JANIE 6790 TREETOP CRT. KEYSTONE HEIGHTS FL 32656	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR MICHAEL J WHITEHEAD PO Box 2310-6315 SE US HWY 301 HAWTHORNE FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P POTTER, REGINA 6489 IMMOKALEE RD KEYSTONE HEIGHTS FL 32656	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT CAROL L. BUTLER PO Box 1094-22624 SE 62nd Ave. Hawthorne FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WEAVER, MICHAEL 121 DEEP LAKE TRAIL MELROSE FL 32666	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Shirley Stepp PO Box 340 Hawthorne FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WAGNER, VIVIAN 21909 SE 69 AVE HAWTHORNE FL 32640	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Donna Boles 21624 SE 197th Street Island Grove, FL 32654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete S EVANS, DORIS 14501 SE 204TH TERRACE HAWTHORNE FL 32640	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D LLOYD, CURTIS 6424 SE 229TH DRIVE HAWTHORNE FL 32640	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Janie Hamilton 3/15/06 352-481-0008	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Display Phone #</small>
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