

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003946

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** HAWTHORNE AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

6700 SE 221ST STREET  
HAWTHORNE, FL 32640 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 125  
HAWTHORNE, FL 32640

**New Mailing Address:**

**FEI Number:** 59-3201019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITEHEAD, MICHAEL J  
C/O J&S ACCOUNTING AND TAX  
6045 SE US HWY 301  
HAWTHORNE, FL 32640 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:** PD  
**Name:** CARSON, CHRIS  
**Address:** PO BOX 308  
**City-St-Zip:** KEYSTONE HEIGHTS, FL 32656

**Title:** VD  
**Name:** BOLES, DONNA  
**Address:** PO BOX 126  
**City-St-Zip:** ISLAND GROVE, FL 32654

**Title:** TD  
**Name:** VAUSE, ELLEN  
**Address:** 146 VAUSE TRAIL  
**City-St-Zip:** HAWTHORNE, FL 32640

**Title:** S  
**Name:** SCOTT, TAMMY  
**Address:** 5929 SE 229TH TERRACE  
**City-St-Zip:** HAWTHORNE, FL 32640

**Title:** D  
**Name:** HENRY, CANDY  
**Address:** 208 LAKE RAY RD  
**City-St-Zip:** HAWTHORNE, FL 32640

I hereby 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 all other like empowered.

**SIGNATURE:** DONNA BOLES

VD

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date