

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002891 (7)

1. Corporation Name

HIAWATHA & HART POINT TREATMENT FACILITY, INC.

Principal Place of Business

Mailing Address

116 HIAWATHA COURT
EAST PALATKA FL 32131

116 HIAWATHA COURT
EAST PALATKA FL 32131



3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

59-3418206

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNINGER, BARBARA
116 HIAWATHA COURT
EAST PALATKA FL 32131

81 Name

Robert Moore

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

116 Hiawatha Ct.

83

84 City

East Palatka

FL

85 Zip Code

32131

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Robert Moore

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, ROBERT	
STREET ADDRESS	135 HIAWATHA CT	
CITY-ST-ZIP	E PALATKA FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BECKER, WADEINE	
STREET ADDRESS	116 HIAWATHA COURT	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, LARRY	
STREET ADDRESS	223 HIAWATHA COURT	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLOYD, U S	
STREET ADDRESS	312 ST. JOHNS AVE.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEESE, PHILIP S IV	
STREET ADDRESS	BOX 516	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Clyde Petticrew	
1.3 STREET ADDRESS	206 Hiawatha Ct.	
1.4 CITY-ST-ZIP	E. Palatka, FL 32131	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jean Morris	
2.3 STREET ADDRESS	P.O. Box 97 Whitney Street	
2.4 CITY-ST-ZIP	Satsuma, FL 32189	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Hunt	
3.3 STREET ADDRESS	119 Highway 17	
3.4 CITY-ST-ZIP	E. Palatka, FL 32131	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Corky Bell	
4.3 STREET ADDRESS	Highway 19	
4.4 CITY-ST-ZIP	E. Palatka, FL 32131	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T-9-98

Date

904/325-8139

Daytime Phone #

CR2E037 (5/98)