

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90061 021 ****61.25

DOCUMENT # N96000004121 1. Entity Name HIWAY PARK BLACK BUSINESSMEN ASSOC. INC.					
Principal Place of Business 108 MAIN STREET LAKE PLACID, FL 33852				Mailing Address 108 MAIN STREET LAKE PLACID, FL 33852	
2. Principal Place of Business 121 Josephine Ave. Suite, Apt. #, etc.		3. Mailing Address 108 Vision Street Suite, Apt. #, etc.			
City & State Lake Placid Florida Zip 33852		City & State Lake Placid Fla. Zip 33852		4. FEI Number 65-0704311	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HAWTHORNE, MELVIN 108 MAIN STREET LAKE PLACID, FL 33852				7. Name and Address of New Registered Agent Name Melvin Hawthorne Street Address (P.O. Box Number is Not Acceptable) 108 Vision Street City Lake Placid FL Zip Code 33852	
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 reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAWTHORNE, MELVIN 108 MAIN ST LAKE PLACID, FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Lee Williams Jr. 114 Cochran Drive Lake Placid Fla. 33852		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILBERT, JOSIAK SHORT ST LAKE PLACID, FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEMP, DANIEL 113 FLORIDA DRIVE LAKE PLACID, FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, ORTLAND 117 HAWTHORNE DRIVE LAKE PLACID, FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 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: <u>Melvin Hawthorne</u> Melvin Hawthorne 1/24/05 863 465-8131 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					