FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 24 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # N97000001009

1. Corporation Name
THE HAWTHORNE DETRICK TRUST, INCORPORATED

Principal Place of Business	Mailing Address
2116 EMBASSY DR. WEST PALM BEACH FL 33401	2116 EMBASSY DR. WEST PALM BEACH FL 33401

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/17/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0742661 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAWTHORNE, KENNETH L 2116 EMBASSY DR. WEST PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C. D.	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAWTHORNE, KENNETH L		1.2 NAME	
STREET ADDRESS	2116 EMBASSY DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAWTHORNE, EUGENIA W		2.2 NAME	
STREET ADDRESS	2116 EMBASSY DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DETRICK, LOUISE		3.2 NAME	
STREET ADDRESS	1830 EMBASSY DR. #407		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		3.4 CITY-ST-ZIP	01-21-1999 900741032 $61.25
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

2-24-99

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-5-99 561-712-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kenneth L. Hawthorne 2/22/99

CR2E037 (11/98)