

FILE NOW: FILING FEE IS \$61.25

FILED
May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N97000003960**
1. Corporation Name
The Hadley, Hawthorne, Dickey, and Walden Family Reunion Association, Inc.

Principal Place of Business: **1222 Lucy Street Tallahassee, FL 32308**
Mailing Address: **1222 Lucy Street Tallahassee, FL 32308**

3. Date Incorporated or Qualified: **July 10, 1997**
4. FEI Number: **59-3454843** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 **1222 Lucy Street**
Suite, Apt. #, etc.
22
City & State
23 **Tallahassee, FL 32308**
Zip Country
24 **32308** 25
2a. Mailing Address
26 **1222 Lucy Street**
Suite, Apt. #, etc.
27
City & State
28 **Tallahassee, FL 32308**
Zip Country
29 **32308** 30

9. Name and Address of Current Registered Agent
**Altha F. Manning
1222 Lucy Street
Tallahassee, FL 32308**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.07(1) 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 agree to be, the provisions of Section 617.0503, Florida Statutes.
SIGNATURE: *[Signature]* 4/30/98
Date

12. OFFICERS AND DIRECTORS

TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Dorothy Givens	
STREET ADDRESS	1 Aster Ct. Delran, NJ 08075	
CITY-ST-ZIP		
TITLE	President "D"	<input type="checkbox"/> DELETE
NAME	Matthew Barnett	
STREET ADDRESS	6407 N.E. 25th Avenue	
CITY-ST-ZIP	Portland, OR 97211	
TITLE	Vice-President	<input checked="" type="checkbox"/> DELETE
NAME	Dr. Linda Walden	
STREET ADDRESS	Highway 93	
CITY-ST-ZIP	Cairo, GA	
TITLE	"D"	<input type="checkbox"/> DELETE
NAME	Avergaile Cross	
STREET ADDRESS	199-02 115th Avenue	
CITY-ST-ZIP	St. Albans, NY 11412	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Doby Lee Flowers	
1.3 STREET ADDRESS	501 E. Washington Street	
1.4 CITY-ST-ZIP	Thomasville, GA 31792	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Vice-President "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Altha F. Manning	
2.3 STREET ADDRESS	1222 Lucy Street	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Assistant Treasurer "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eugene Telfair	
3.3 STREET ADDRESS	1550 Melvin Street	
3.4 CITY-ST-ZIP	Tallahassee, FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
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)(b), 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 amendment with an address.
SIGNATURE: *[Signature]* 4/30/98 877-3378
Date Daytime Home #

CR2E037 (10/97)