

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
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 ST
TALLAHASSEE FL 32308

Mailing Address

1222 LUCY ST
TALLAHASSEE FL 32308

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 033 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/10/1997

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

9. Name and Address of Current Registered Agent

MANNING, ALTHA F
1222 LUCY ST
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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BARNETT, MATTHEW
STREET ADDRESS 6407 NE 25TH AVE
CITY-ST-ZIP PORTLAND OR 97211

TITLE S/D
NAME FLOWERS, DOBY LEE
STREET ADDRESS 501 E WASHINGTON STREET
CITY-ST-ZIP THOMASVILLE GA 31792

TITLE V/D
NAME MANNING, ALTHA F
STREET ADDRESS 1222 LUCY ST
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D
NAME CROSS, AVERGALE
STREET ADDRESS 199-02 115TH AVENUE
CITY-ST-ZIP ST ALBANS NY 11412

TITLE ASTD
NAME TELFAIR, EUGENE
STREET ADDRESS 1550 MELVIN STREET
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President
1.2 NAME BARNETT, MATTHEW
1.3 STREET ADDRESS 6407 NE 25TH AVE
1.4 CITY-ST-ZIP PORTLAND, OR 97211

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE President
3.2 NAME MANNING, ALTHA F
3.3 STREET ADDRESS 1222 LUCY ST.
3.4 CITY-ST-ZIP TALLAHASSEE FL 32308

4.1 TITLE Treasurer
4.2 NAME CROSS, AVERGALE
4.3 STREET ADDRESS 199-02 115TH AVE
4.4 CITY-ST-ZIP ST. ALBANS, NY 11412

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

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