


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).

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

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

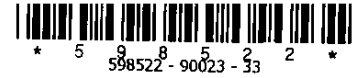
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003960** ✓

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/10/1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3454843
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, MATTHEW	1.2 NAME	BARNETT, MATTHEW
STREET ADDRESS	6407 NE 25TH AVE	1.3 STREET ADDRESS	6407 NE 25TH AVE
CITY-ST-ZIP	PORTLAND OR 97211	1.4 CITY-ST-ZIP	PORTLAND, OR 97211
TITLE	S/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, DOBY LEE	2.2 NAME	
STREET ADDRESS	501 E WASHINGTON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA 31792	2.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, ALTHA F	3.2 NAME	MANNING, ALTHA F
STREET ADDRESS	1222 LUCY ST	3.3 STREET ADDRESS	1222 LUCY ST.
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, AVERGALE	4.2 NAME	CROSS, AVERGALE
STREET ADDRESS	199-02 115TH AVENUE	4.3 STREET ADDRESS	199-02 115th Ave
CITY-ST-ZIP	ST ALBANS NY 11412	4.4 CITY-ST-ZIP	ST. ALBANS, NY 11412
TITLE	ASTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELFAIR, EUGENE	5.2 NAME	
STREET ADDRESS	1550 MELVIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ Date: 7/10/99 Daytime Phone #: 850/77-3378

CR2E037 (5/99)