

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000013991

**Entity Name:** LISA J HAWTHORNE FOUNDATION INC

**Current Principal Place of Business:**

6039 CYPRESS GARDENS BLVD  
513  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

6039 CYPRESS GARDENS BLVD  
513  
WINTER HAVEN, FL 33884

**FEI Number: 87-4049598**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HAWTHORNE, GREGORY L JR  
6039 CYPRESS GARDENS BLVD  
513  
WINTER HAVEN, FL 33884 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HAWTHORNE, GREGORY L SR  
Address 6039 CYPRESS GARDENS BLVD 513  
City-State-Zip: WINTER HAVEN FL 33884

Title VP  
Name HAWTHORNE, GREGORY L JR  
Address 6039 CYPRESS GARDENS BLVD 513  
City-State-Zip: WINTER HAVEN, FL 33884

Title T  
Name HAWTHORNE, NAUSHA D  
Address 6039 CYPRESS GARDENS BLVD 513  
City-State-Zip: WIMNTER HAVEN FL 33884

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GREGORY L. HAWTHORNE JR.**

**VP**

**04/27/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date