

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N40571 (4)

1. Corporation Name

FRIENDS OF THE LIBRARY OF HASTINGS, INC.

Principal Place of Business

Mailing Address

PO BOX 454  
HASTINGS FL 32145

PO BOX 454  
HASTINGS FL 32145



3. Date Incorporated or Qualified

10/29/1990

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3036486

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISLE B. HALL  
118 VIVIAN DR  
P.O. BOX 788  
HASTINGS FL 32145

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

*Isle B. Hall*

(NOTE: Registered Agent signature required when reinstating)

*Isle B. Hall*

3-4-1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HALL, ISLE \* HALL, isle  
STREET ADDRESS 118 VIVIAN DR  
CITY-ST-ZIP HASTINGS FL

☐ DELETE

TITLE T  
NAME PARKER, BARBARA  
STREET ADDRESS 6090 ARMSTRONG ROAD  
CITY-ST-ZIP ELKTON FL

☐ DELETE

TITLE D  
NAME STANTON, C. C. JR.  
STREET ADDRESS 111 LATIN STREET  
CITY-ST-ZIP HASTINGS FL 32145

☐ DELETE

TITLE D  
NAME JONES, GLORIA  
STREET ADDRESS 6340 BROUGH RD.  
CITY-ST-ZIP ELKTON FL

☐ DELETE

TITLE T  
NAME JONES, VIRGIL S SR.  
STREET ADDRESS 6430 BROUGH ROAD  
CITY-ST-ZIP ELKTON FL

☐ DELETE

TITLE P  
NAME DOLORES, PRITCHETT J  
STREET ADDRESS 104 DANCY AVE  
CITY-ST-ZIP HASTINGS FL 32145

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*ISLE B. HALL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Isle B. Hall* (904) 692-1779

Date

Daytime Phone #

CR2E037 (12/95)