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Jan 29 1998 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/29/1990**

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

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

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]*

Signature, type, or printed name of registrant/agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
HALL, ISJE P  
STREET ADDRESS  
118 VIVIAN DR  
CITY-ST-ZIP  
HASTINGS FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE *[Signature]*

1-10-'98

(904)  
692-1779

CR2E037 (10/97)