

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40571

FILED
Feb 01, 2005
Secretary of State

Entity Name: FRIENDS OF THE LIBRARY OF HASTINGS, INC.

Current Principal Place of Business:

PO BOX 454
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

PO BOX 454
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 59-3036486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNS, POLLY W
6245 C.R. 13 SOUTH
HASTINGS, FL 32145 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, WALTER E JR
Address: 10010 W DEEP CREEK BLVD
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: PARKER, BARBARA
Address: 6090 ARMSTRONG ROAD
City-St-Zip: ELKTON, FL 32033

Title: TD () Delete
Name: JOHNS, POLLY W
Address: 6245 CR 135
City-St-Zip: HASTINGS, FL 32145

Title: SD () Delete
Name: SMITH, LAVERNE
Address: 10010 W. DEEP CREEK BLVD.
City-St-Zip: HASTINGS, FL 32145

Title: PD () Delete
Name: JONES, VIRGIL S SR.
Address: 6430 BROUGH ROAD
City-St-Zip: ELKTON, FL 32033

Title: VD () Delete
Name: DOLORES, PRITCHETT J
Address: 104 DANCY AVE
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: POLLY W. JOHNS

TD

02/01/2005

Electronic Signature of Signing Officer or Director

Date