

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40571

FILED  
Apr 12, 2010  
Secretary of State

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

**Current Principal Place of Business:**

6195 S. MAIN ST.  
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:**

HUFF, LINDA H  
5040 ST. AMBROSE CHURCH RD.  
ELKTON, FL 32033 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: VD  
Name: SMITH, WALTER E JR  
Address: 10010 W DEEP CREEK BLVD  
City-St-Zip: HASTINGS, FL 32145

Title: D  
Name: JOHNS, POLLY W  
Address: 6245 C.R. 13 SOUTH  
City-St-Zip: HASTINGS, FL 32145

Title: TD  
Name: HUFF, LINDA H  
Address: 5040 ST. AMBROSE CHURCH RD.  
City-St-Zip: ELKTON, FL 32033

Title: SD  
Name: FISHER, DORIS  
Address: 6141 S. MAIN ST.  
City-St-Zip: HASTINGS, FL 32145

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

Title: D  
Name: DOLORES, PRITCHETT J  
Address: 104 DANCY AVE  
City-St-Zip: HASTINGS, FL 32145

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: LINDA H. HUFF

TD

04/12/2010

Electronic Signature of Signing Officer or Director

Date