

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N00000007583

1. Entity Name
**ROBERT F. HASTINGS AND MARY P. HASTINGS
FOUNDATION, INC.**



Principal Place of Business
**429 WALLS WAY
OSPREY, FL 34229**

Mailing Address
**429 WALLS WAY
OSPREY, FL 34229**

DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number
06-1600836

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARTER, SECREST & EMERY, LLP
5551 RIDGEWOOD DR, SUITE 405
NAPLES, FL 34108-2719**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HASTINGS, ROBERT F
STREET ADDRESS	429 WALLS WAY
CITY - ST - ZIP	OSPREY, FL 34229
TITLE	VSD
NAME	HASTINGS, MARY
STREET ADDRESS	429 WALLS WAY
CITY - ST - ZIP	OSPREY, FL 34229
TITLE	DIRECTOR
NAME	EDMISTON, MARCY M
STREET ADDRESS	36 WREN FIELD LANE
CITY - ST - ZIP	PITTSFORD, NY 14534
TITLE	D
NAME	STAMP, KEVIN M
STREET ADDRESS	6400 THISTLE CT
CITY - ST - ZIP	EAST AMHERST, NY 14051
TITLE	D
NAME	STOETZEL, DAVID P
STREET ADDRESS	6 CANAL PARK PLACE
CITY - ST - ZIP	PITTSFORD, NY 14534
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/21/07-80017-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\$-27-07 585-586-6959