

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90063 040 \*\*\*\*61.25

**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**



02062008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	D
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	

*5 Windham Circle  
Mendon NY 14506*

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IN THIS SPACE**

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 #

*2.8.08 585-586-6959*