

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007583

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

429 WALLS WAY
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

429 WALLS WAY
OSPREY, FL 34229

New Mailing Address:

FEI Number: 06-1600836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTER, SECREST & EMERY, LLP
5551 RIDGEWOOD DR, SUITE 405
NAPLES, FL 341082719 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: PTD () Delete
Name: HASTINGS, ROBERT F
Address: 429 WALLS WAY
City-St-Zip: OSPREY, FL 34229

Title: VSD () Delete
Name: HASTINGS, MARY
Address: 429 WALLS WAY
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: EDMISTON, MARCY M
Address: 36 WREN FIELD LANE
City-St-Zip: PITTSFORD, NY 14534

Title: D () Delete
Name: STAMP, KEVIN M
Address: 6400 THISTLE CT
City-St-Zip: EAST AMHERST, NY 14051

Title: D () Delete
Name: STOETZEL, DAVID P
Address: 5 WINDHAM CIRCLE
City-St-Zip: MENDON, NY 14506

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
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 exemption stated 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 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: MARCY M EDMISTON

TTE

04/22/2009

Electronic Signature of Signing Officer or Director

Date