

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90254 012 \*\*\*\*61.25

**DOCUMENT # N93000005647**

1. Entity Name

HASTINGS HIGH SCHOOL ALUMNI FOUNDATION, INC.



Principal Place of Business

6195 SO MAIN ST  
HASTING FL 32145

Mailing Address

P O BOX 276  
81 KING ST., SUITE A  
HASTINGS FL 32145  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3117390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ROGERO, JANE  
2770 LOGA STREET  
3  
ST AUGUSTINE FL 32145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SMITH, WESLEY  
STREET ADDRESS 8770 CR 13 S  
CITY-ST-ZIP HASINGS FL 32145

TITLE D ☐ Delete  
NAME PACETTI, TERRY W  
STREET ADDRESS P.O. BOX 618 N/A  
CITY-ST-ZIP ST. AUGUSTINE FL 32085-0618

TITLE D ☐ Delete  
NAME AUSLEY, JOHN  
STREET ADDRESS P.O. BOX 56 N/A  
CITY-ST-ZIP HASTINGS FL 32145

TITLE I ☐ Delete  
NAME ROGERO, JANE L  
STREET ADDRESS 2770 LOJA ST., APT 3-W  
CITY-ST-ZIP ST. AUGUSTINE FL 32145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Jane Rogero Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04

Date

904 692-1643

Daytime Phone #