

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90439 020 ****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**

66016430



2. Principal Place of Business
6195 So MAIN St
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 276
Suite, Apt. #, etc.

04192006 Chg-NP CR2E037 (11/05)

City & State
HASTINGS FL

City & State
Hastings, FL

Zip
32145

Country
USA

Zip
32145

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
110 E LATHIN ST
P.O. Box 310
Hastings, 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 Jane Rogero, Tres. DATE

Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is \$61.25
Due by May 1, 2006

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	<input type="checkbox"/> Delete
NAME	SMITH, WESLEY	
STREET ADDRESS	8770 CR 13 S	
CITY-ST-ZIP	HASINGS, FL 32145	
TITLE	D	<input type="checkbox"/> Delete
NAME	PACETTI, TERRY W	
STREET ADDRESS	P.O. BOX 618 N/A	
CITY-ST-ZIP	ST. AUGUSTINE, FL 320850618	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUSLEY, JOHN	
STREET ADDRESS	P.O. BOX 56 N/A	
CITY-ST-ZIP	HASTINGS, FL 32145	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGERO, JANE L	
STREET ADDRESS	2770 LOJA ST., APT 3-W	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Tres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogero, Jane L	
STREET ADDRESS	P.O. Box 310	
CITY-ST-ZIP	Hastings, FL 32145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Jane L Rogero **Jane L. Rogero, Tres** **4/20/06** **904 514 7004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR