


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

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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 HASTINGS, FL 32145 US
---	---



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3117390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROGERO, JANE P.O. BOX 310 HASTINGS, FL 32145

**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 NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WESLEY 8770 CR 13 S HASINGS, FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACETTI, TERRY W P.O. BOX 618 N/A ST. AUGUSTINE, FL 320850618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSLEY, JOHN P.O. BOX 56 N/A HASTINGS, FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERO, JANE L P.O. BOX 310 HASTINGS, FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000930074
05/21/08-80094-011 61.25

**DO NOT WRITE
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: Jane Rogero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/23/08 Daytime Phone # 904 692-1944