2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005647

FILED Apr 09, 2009 Secretary of State

Entity Name: HASTINGS HIGH SCHOOL ALUMNI FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 6195 SO MAIN ST 6195 SO MAIN ST HASTING, FL 32145 HASTING, FL 32145 US **Current Mailing Address: New Mailing Address:** P O BOX 276 HASTINGS, FL 32145 US FEI Number: 59-3117390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROGERO, JANE ROGERO, JANE 110 E. LATTIN ST. P.O. BOX 310 HASTINGS, FL 32145 US US HASTINGS, FL 32145 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: JANE ROGERO 04/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, WESLEY Name: Name: 8770 CR 13 S Address: Address: City-St-Zip: HASINGS, FL 32145 City-St-Zip: Title: Title: PRES (X) Change () Addition () Delete PACETTI, TERRY W Name: Name: PACETTI, TERRY W Address: P.O. BOX 618 N/A Address: P.O. BOX 618 N/A City-St-Zip: ST. AUGUSTINE, FL 320850618 City-St-Zip: ST. AUGUSTINE, FL 320850618 Title: () Delete Title: () Change () Addition AUSLEY, JOHN Name: Name: P.O. BOX 56 N/A Address: Address: City-St-Zip: HASTINGS, FL 32145 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ROGERO, JANE L Name: Address: P.O. BOX 310 Address: City-St-Zip: HASTINGS, FL 32145 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: JANE ROGERO SECR 04/09/2009