

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2024

**Secretary of State
3403653590CC**

DOCUMENT# N23000001646

Entity Name: HASTINGS MAIN STREET INC

Current Principal Place of Business:

105 S PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084

Current Mailing Address:

105 S PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084 US

FEI Number: 92-2366690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'HARA, SALLIE
3025 KINGS ROAD
ST. AUGUSTINE, FL 32086 US

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

Officer/Director Detail :

Title CHAIR
Name DENNIS, JENA
Address 105 S PONCE DE LEON BLVD
City-State-Zip: ST. AUGUSTINE FL 32084

Title VICE CHAIR
Name OWENS, LEE
Address 105 S PONCE DE LEON BLVD
City-State-Zip: ST. AUGUSTINE FL 32084

Title TREASURER
Name FREEMAN, LEONARD
Address P.O. BOX 372
City-State-Zip: HASTINGS FL 32145

Title SECRETARY
Name MCTAGGART, KELLY
Address 408 E. COCHRAN AVE
City-State-Zip: HASTINGS FL 32145

Title ASST. SECRETARY
Name MASTERS, ERIN
Address 408 E. COCHRAN AVE
City-State-Zip: HASTINGS FL 32145

Title DIRECTOR
Name BATEMAN, JODY
Address 119 INGRAHAM DR
City-State-Zip: SATSUMA FL 32189

Title DIRECTOR
Name BARNES, DALE
Address 7470 COWPEN BRANCH ROAD
City-State-Zip: ELKTON FL 32335

Title DIRECTOR
Name PELLETIER, DAVE
Address 5230 CHRICH ROAD
City-State-Zip: ST. AUG FL 32092

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I hereby 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 all other like empowered.

SIGNATURE: JENA DENNIS

MANAGING MEMBER

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COLEMAN, TONY
Address CARTER ST
City-State-Zip: HASTINGS FL 32145

Title DIRECTOR
Name WILLIAMS, CYNTHIA
Address 4704 INNISBROOK PORT
City-State-Zip: ELKTON FL 32022

Title DIRECTOR
Name WILLIAMS, RHONDA
Address 521 FEDERAL POINT RD
City-State-Zip: EAST PALATKA FL 32137

Title DIRECTOR
Name SMITH, WESLEY
Address 8770 CR 13S
City-State-Zip: HASTINGS FL 32045

Title DIRECTOR
Name POZNIACK, R J
Address 333 LURES LANE
City-State-Zip: ST. AUGUSTINE FL 32095