


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011277

1. Entity Name
GOD'S WAY BAPTIST CHURCH OF HASTINGS, INC.



Principal Place of Business 401 N. MCCLUNG AVE. HASTINGS, FL 32145	Mailing Address P.O. BOX 583 HASTINGS, FL 32145
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DO NOT WRITE IN THIS SPACE



01292006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-2094198	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAUER, KIRK T
 223 S. WOODLAND BLVD.
 DELAND, FL 32721**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

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, JEB 9385 HASTINGS BLVD. HASTINGS, FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, JAMES 199 DAMASCUS ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWDON, WADE L 230 CROOKED TREE TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 13/713/06-80014-007 61.25

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: *Jeb S. Smith* **Jeb S. Smith** 2-12-06 9046922139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #