

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
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**



02082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2094198

Applied For
Not Applicable

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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000661479
03/20/07-80042-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, JEB
STREET ADDRESS	9365 HASTINGS BLVD.
CITY - ST - ZIP	HASTINGS, FL 32145
TITLE	D
NAME	KNOX, JAMES
STREET ADDRESS	199 DAMASCUS ROAD
CITY - ST - ZIP	DELAND, FL 32720
TITLE	D
NAME	ROWDON, WADE L
STREET ADDRESS	230 CROOKED TREE TRAIL
CITY - ST - ZIP	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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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: *Jeb S. Smith* **Jeb S. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-07

Date

9046923542

Daytime Phone #