

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011277

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

401 N. MCCLUNG AVE.
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 583
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 20-2094198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, JEB
Address: 9365 HASTINGS BLVD.
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: KNOX, JAMES
Address: 199 DAMASCUS ROAD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: ROWDON, WADE L
Address: 230 CROOKED TREE TRAIL
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JEB SMITH

D

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date