

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-09-2007 90006 044 ****61.25

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1. Entity Name
**THE FIRST BAPTIST CHURCH OF HASTINGS
CORPORATION**

Principal Place of Business 109 N. MAIN ST. HASTINGS, FL 32145	Mailing Address P.O. BOX 1089 HASTINGS, FL 32145
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02192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1281160	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**ROBERTS, JOSEPH C
208 COCHRAN ST.
HASTINGS, FL 32145**

**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  **Joseph C. Roberts, President 2-27-07**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering) DATE)

**Filing Fee is \$61.28
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

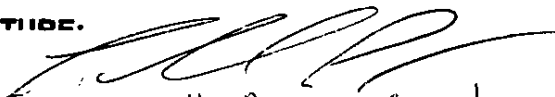
10. OFFICERS AND DIRECTORS

TITLE P	ROBERTS, JOSEPH C
NAME	P.O. BOX 517
STREET ADDRESS	HASTINGS, FL 32145
CITY-ST-ZIP	
TITLE V	LANDS, REDRIC C
NAME	6920 COUNTY RD 13 S.
STREET ADDRESS	HASTINGS, FL 32145
CITY-ST-ZIP	
TITLE S	PERRY, PRISCILLA
NAME	8700 REID PACKING HOUSE RD.
STREET ADDRESS	HASTINGS, FL 32145
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 817, 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.


Priscilla Perry, Secretary

Date: 2/20/07 Tel: 904-692-1563