2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
02-24-2005 90038 005 ****61.25

DOCUMENT # N38639

1. Entity Name
HASTINGS COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
307 COCHRAN ST HASTINGS, FL 32145 US	PO BOX 1042 HASTINGS, FL 32145 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01152005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3010146
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAGGETT, PAULA S.
138 W. GEO. MILLER RD.
HASTINGS, FL 32145

7. Name and Address of New Registered Agent

Name LIDIA V. GROOMS
Street Address (P.O. Box Number is Not Acceptable)
159 PRIDGEON ST.
City INTERLACHEN FL Zip Code 32148

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 Lidia V Grooms LIDIA V. GROOMS TD 2-20-05
(Signature (type or print) 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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAGGETT, PAULA S. PO BOX 913 N/A HASTINGS, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LIDIA V. GROOMS 159 PRIDGEON ST INTERLACHEN, FL 32148 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MILLER, HELEN 299 VENTURA RD SAINT AUGUSTINE, FL 32084	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jessica N. Badger 2129 old Tyme Ave St. Augustine FL 32084 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASTERS, NANCY S 7345 CR 135 HASTINGS, FL 32145	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jennifer Butler 10135 Beckenger Ave Hastings, FL 32145 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MILLER, HELEN 299 VENTURE RD SAINT AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Miller, Helen 299 Ventura Rd. Saint Augustine, Fl. 32080 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	—	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICTOR MASTERS 7345 CR 13 SOUTH HASTINGS FL 32145 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Deanna Simms 110 Phoenetia Dr. St. Aug., FL 32086 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Helen C Miller Helen C. Miller 2-20-05 (904)461-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #