

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38639

FILED
Jul 04, 2007
Secretary of State

Entity Name: HASTINGS COMMUNITY CHURCH, INC.

Current Principal Place of Business:

307 COCHRAN ST
HASTINGS, FL 32145 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1042
HASTINGS, FL 32145 US

New Mailing Address:

FEI Number: 59-3010146 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GROOMS, LIDIA V
159 PRIDGEON ST
INTERLACHEN, FL 32148 US

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: TD () Delete
Name: GROOMS, LIDIA V
Address: 159 PRIDGEON ST
City-St-Zip: INTERLACHEN, FL 32148

Title: SD () Delete
Name: BADGER, JESSICA
Address: 2109 OLD TYME AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: LEONARD, KEITH
Address: 101 DELLWOOD AVE
City-St-Zip: PALATKA, FL 32177

Title: CD () Delete
Name: MILLER, HELEN
Address: 299 VENTURE RD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: MASTERS, VICTOR
Address: 7345 CR 13 S
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: SIMMS, DEANNA
Address: 4705 NAOMI ST
City-St-Zip: HASTINGS, FL 32145

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:

Title: () Change () Addition
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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: LIDIA V. GROOMS

TD

07/04/2007

Electronic Signature of Signing Officer or Director

Date