

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38639

FILED  
Apr 20, 2009  
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 ( )**

**Name and Address of Current Registered Agent:**

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

Title: D ( ) Delete  
Name: DENES, CONNIE  
Address: 1748 BRAIN WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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  
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

STD

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date