FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # N9400000565 (1)

1. Corporati	ORANGE BAPTIST CHURC	H OF WASHINGTON	•	1 136(1)30 OKO 130(4 BIO) 88(1) 88(1)	
Principal Plac	ce of Business	Mailing Address			[
COUNTY RD NO 276 RT 1 BOX 269-A CHIPLEY FL 32428 CHIPLEY FL 32428					
				3. Date Incorporated or Qualified 01/27/1994	3a. Date of Last Report 05/01/1995
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
·	26     Suite, Apt. #, etc.   Suite, Apt. #, etc.		59-2756198	Not Applicable	
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	ite	City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25 9. Name and Address of Curre	29	30	Florida Statutes	] Yes <b>⊠</b> No
··· · ·	3, Name and Address of Corre	int negistered Agent	81 Name 1	10. Name and Address of New R	egistered Agent
HINSO	N, LEONARD F SR			Royster F. Hay	es
	ON ROAD		82 Street Ack	liess (P.O. Box Number is Not Acceptab	e)
	30X 258		83	Hayes Lane	
	EY FL 32428		K	oute 1, Box a	153
			84 City (1)	hipley	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statul	es, the above-named corpo	ration submits this statement for the purport of directors. Thereby accept the appo	oose of changing its registered office
familiar w	ared agent, or both, in the State of Flor with, and accept the obligations of, Sec	rida. Such change was authoriz ction 617.0503, Florida Statute:	red by the corporation's boa	ard of directors. Thereby accept the appoint	intment as registered agent. I am
SIGNATURE	Rouster F. Ho	wes	Travales I	Have	2-11-96
12.	Signature, fig. 1 or printed name of registered ager		PL Brigish od Agent signi ure require	ed when per stating)	DATE
TITLE	PDTR	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
NAME	HAYES, ROYSTER F	Fibercie	1.1 DILE		Change Addition
STREET ADDRESS	HAYES LANE, RT. 1 BOX 25	(2	12 NAME		
CITY - ST - ZIP	CHIPLEY FL 32428		1.3 STREET ADDRESS		
TITLE	DVTR	DELETE	1.4 CITY - ST - ZIP 2.1 TIFLE		Change Addition
NAME	LEE, W. PRATT		2.2 NAME		Change L Addition
STREET ADDRESS	CLAYTON ROAD, RT. 5 BOX	( 492	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		2 4 CITY-ST-ZIP		
TITLE	SOTR	<b>X</b> ∩ELE16	3 1 THTLE	+7A-	Change Change
NAME	HINSON, LEONARD F SR.		3 2 NAME	and the same of th	
STREET ADDRESS	CLAYTON ROAD, RT. 1 BOX	258	3 3 STREET ADDRESS	the state of the s	
CITY - ST - ZIP	CHIPLEY FL 32428		3 4. CHY-SI-ZIP	231	<del>2.</del> 8
TITLE	TOTR	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	HOLLEY, BRYANT	/ 40411	4 2 NAME		
STREET ADDRESS	WALNUT CIRCLE, RT. 1 BO) CHIPLEY FL 32428	( 181H	4 3 STREET ADDRESS		
CHY-ST-ZIP TITLE	DTR	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		frag a
NAME	AARON, ERNEST	Detecto			Change Addition
STREET ADDRESS	KENT ROAD, RT. 1 BOX 234		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		5 4 CITY-SI-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME		_	6 2 NAME		□1 enande □ wormfell
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - S1 - ZIP		

CR2E037 (12/95)

14. To hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Royster F. Haves Toyster & Have 2/11/96 (904) 638-1413