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FILED

Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000565 (1)  
1. Corporation Name

NEW ORANGE BAPTIST CHURCH OF WASHINGTON COUNTY, INC.



Principal Place of Business

Mailing Address

COUNTY RD NO 276  
CHIPLEY FL 32428

RT 1 BOX 269-A  
CHIPLEY FL 32428

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2756198

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYES, ROYSTER F.  
HAYES LANE  
RT 1, BOX 253  
CHIPLEY FL 32428

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Royster F. Hayes* Royster F. Hayes

1-20-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDTR  DELETE  
NAME HAYES, ROYSTER F  
STREET ADDRESS HAYES LANE, RT. 1 BOX 253  
CITY-ST-ZIP CHIPLEY FL 32428

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DVTR  DELETE  
NAME LEE, W. PRATT  
STREET ADDRESS CLAYTON ROAD, RT. 5 BOX 492  
CITY-ST-ZIP CHIPLEY FL 32428

2.1 TITLE DVTR  Change  Addition  
2.2 NAME Trammell, Bryan, Sr.  
2.3 STREET ADDRESS Orange Hill Hwy.  
2.4 CITY-ST-ZIP Chipley, FL 32428

TITLE TOTR  DELETE  
NAME HOLLEY, BRYANT  
STREET ADDRESS WALNUT CIRCLE, RT. 1 BOX 181H  
CITY-ST-ZIP CHIPLEY FL 32428

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DTR  DELETE  
NAME AARON, ERNEST  
STREET ADDRESS KENT ROAD, RT. 1 BOX 234  
CITY-ST-ZIP CHIPLEY FL 32428

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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. Hayes* Royster F. Hayes

1-20-97

(904)

638-1413

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/96)