

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000565 (1)**

1. Corporation Name  
**NEW ORANGE BAPTIST CHURCH OF WASHINGTON COUNTY, INC.**



Principal Place of Business COUNTY RD NO 276 CHIPLEY FL 32428	Mailing Address RT 1 BOX 269-A CHIPLEY FL 32428
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3. Date Incorporated or Qualified  
**01/27/1994**

4. FEI Number <b>59-2756198</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 <b>782 Alford Road</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 46</b> Suite, Apt. #, etc.
23 <b>Chipley, Florida</b> City & State Zip <b>32428</b> Country	28 <b>Chipley, Florida</b> City & State Zip <b>32428</b> Country <b>USA</b>

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**HAYES, ROYSTER F.**  
~~HAYES LANE~~  
~~RT 1 BOX 253~~ **804 Hayes lane**  
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name <b>Hayes, Royster F.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>804 Hayes lane</b>
83
84 City <b>Chipley</b>
85 State <b>FL</b>
86 Zip Code <b>32428</b>

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** **1-12-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PDTR</b>	<input type="checkbox"/> DELETE
NAME <b>HAYES, ROYSTER F</b>	
STREET ADDRESS <del>HAYES LANE, RT. 1 BOX 253</del> <b>804 Hayes Lane</b>	
CITY-ST-ZIP <b>CHIPLEY FL 32428</b>	
TITLE <b>DVTR</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>TRAMMELL, BRYAN SR.</b>	
STREET ADDRESS <b>ORANGE HILL HWY</b>	
CITY-ST-ZIP <b>CHIPLEY FL</b>	
TITLE <b>TDTR</b>	<input type="checkbox"/> DELETE
NAME <b>HOLLEY, BRYANT</b>	
STREET ADDRESS <del>WALNUT CIRCLE, RT. 1 BOX 181H</del>	
CITY-ST-ZIP <b>CHIPLEY FL 32428</b>	
TITLE <b>DTR</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>AARON, ERNEST</b>	
STREET ADDRESS <b>KENT ROAD, RT. 1 BOX 234</b>	
CITY-ST-ZIP <b>CHIPLEY FL 32428</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>CDTR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>804 Hayes lane</b>	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Ruth Lee</b>	
2.3 STREET ADDRESS <b>18216 Gainer Road</b>	
2.4 CITY-ST-ZIP <b>Chipley, FL 32428</b>	
3.1 TITLE <b>DTR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS <b>2346 Walnut Circle</b>	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Marsha Hayes</b>	
4.3 STREET ADDRESS <b>764 Hayes lane</b>	
4.4 CITY-ST-ZIP <b>Chipley, FL 32428</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **1-12-98** **(850) 638-1413**

CR2E037 (10/97)