


FILE NOW: FILING FEE IS \$61.25

FILED

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

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2756198		

2. Principal Place of Business 21 782 Alford Road Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 46 Suite, Apt. #, etc.
23 Chipley, Florida City & State	28 Chipley, Florida City & State
24 32428 Zip	29 32428 Zip
25 Country	30 USA Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 **Hayes, Royster F.**
82 Street Address (P.O. Box Number is Not Acceptable)
804 Hayes lane
83
84 City **Chipley** FL 85 Zip Code **32428**

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

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

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

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** DATE **1-12-98** (850) 638-1413

CR2E037 (10/97)