## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

## DOCUMENT # N9400000565

1. Corporation Name

NEW ORANGE BAPTIST CHURCH OF WASHINGTON COUNTY, INC.

Principal Place of Business 782 ALFORD RD CHIPLEY FL 32428 Mailing Address

P.O. BOX 46 CHIPLEY FL 32428

US

## FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90110 029 \*\*\*\*61.25



2. Principal P	Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed			
21		26	26			01/27/1994		<del></del>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2756198		<u> </u>	lied For
22		27				35-2130 190			Applicable
City & Stat	e	City & State				5. Certifcate of Status Desired		\$8.75 Ac	
23 Zip	Country Zip			ntry		6. Election Campaign Financing		\$5.00 N	fav Be
<b>─</b> ′	25	29			Trust Fund Contribution		Added to	-	
24 25 29 30  9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name				
WAVEO D	NOVETED E			82	01 4	(D.O. Say Number is Not Asset	table)		
HAYES, ROYSTER F.					Street Addi	ress (P.O. Box Number is Not Accept	auto)		
804 HAYES LANE				83					
CHIPLEY	FL 32428								
				84	City		FL	85 Zip Co	ode
	to the provisions of Sections 617.050	2 and 617 1509 Florida Statutor	s the al	00/0-1	named corr	poration submits this statement for the	purpose of	changing its r	egistered
offing or i	registered agent or both in the State	of Florida, Such change was au	thonzed	i dv tn	ne corporati	on's board of directors. I hereby acce	pt the appoir	ntment as reg	istered
agent. I a	am familiar with, and accept the obliga	itions of, Section 617.0503, Flori	da Statu	ıtes.	<u> </u>	1	11.0	$\alpha$	
SIGNATURE	Mountes J. C.		2451		- <del>K</del> . H	aues /	-7-1	7	
	Signature, trough or printed name of transferred after		13.	Agent s	signature require	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
12.		ID DIRECTORS	1.1 70	n E	· 1	7.5511101101011111110201100		Change	Addition
TITLE	COTR	( DELETE							_
NAME	HAYES, ROYSTER F		1.2 NA						
STREET ADDRESS			1.3 ST	REETA	ODRESS				•
CITY-ST-ZIP	CHIPLEY FL 32428		1.4 CITY-ST-ZIP		ZIP			☐ Change	☐ Addition
TITLE	T	☐ DELETE	2.1 TII	ľÆ				Change	Add:so:
NAME	LEE, RUTH		2.2 NA	WE					
STREET ADDRESS	1826 GAINER RD		2.3 ST	REETA	UDDRESS	<del>~</del>		. ~	
CITY-ST-ZIP	CHIPLEY FL 32428		2. 4 C	TY-ST-	-ZIP				
TITLE	DTR	☐ DELETE	DELETE 3.1 TITLE					☐ Change	Addition Addition
NAME	HOLLEY, BRYANT		3.2 N	ME	ļ				
STREET ADDRESS	COAC MALABIT CIDCLE		3.3 ST	REETA	ODDRESS				
CITY-ST-ZIP	CHIPLEY FL 32428		3.4. C	TY-ST-	ZIP				
TITLE	S	☐ DELETE	4.1 TI	TLE				☐ Change	Addition
NAME	HAYES, MARSHA		4.2 N	AME					
STREET ADDRESS	TO A LIANTED LANE		4.3 \$1	REETA	ADDRESS				
CITY-ST-ZIP	CHIPLEY FL 32428		4.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	5.1 TI					Change	Addition
NAME			5.2 N	4ME	1				
STREET ADDRESS			5.3 \$3	REETA	ADORESS				
	1		5.4 CI	TY-ST-	ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TI				· · ·	Change	Additio
TITLE			6.2 N	AME					
NAME					ADDRESS				
STREET ADDRESS	<b>'</b> [			TY-ST-	i				
OITM OT 710	1		0.4 (.)	11-01-	- L	· · · · · · · · · · · · · · · · · · ·			

4. I 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, with all other like empowered.

SIGNATURE

PLANTER BARDUNKEDROYSTOR F. Hayes 1-4-99 638-

KZEU3/ (11/98)