

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000565

1. Entity Name

NEW ORANGE BAPTIST CHURCH OF WASHINGTON COUNTY,

**FILED**  
Feb 16, 2000 8:00 am  
**Secretary of State**

02-16-2000 90137 048 \*\*\*\*61.25

Principal Place of Business

782 ALFORD RD  
CHIPLEY FL 32428  
US

Mailing Address

P.O. BOX 46  
CHIPLEY FL 32428-0046  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2756198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYES, ROYSTER F.  
804 HAYES LANE  
CHIPLEY FL 32428

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Royster F. Hayes*

Royster F Hayes

1-11-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CDTR	<input type="checkbox"/> Delete
NAME	HAYES, ROYSTER F	
STREET ADDRESS	804 HAYES LANE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEE, RUTH	
STREET ADDRESS	1826 GAINER RD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	OTR	<input type="checkbox"/> Delete
NAME	HOLLEY, BRYANT	
STREET ADDRESS	2346 WALNUT CIRCLE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAYES, MARSHA	
STREET ADDRESS	764 HAYES LANE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Hayes, Marsha	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	764 Hayes Lane	
CITY-ST-ZIP	Chipley FL 32428	
TITLE	S Moore, Amanda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1187 Hickory Ridge	
STREET ADDRESS	Chipley, FL 32428	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Royster F. Hayes*

Royster F Hayes

1-11-00

438-1413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)