

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90135 039 ****61.25

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DOCUMENT # N94000000565

1. Entity Name

NEW ORANGE BAPTIST CHURCH OF WASHINGTON COUNTY,

911462



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

782 ALFORD RD
 CHIPLEY FL 32428
 US

P.O. BOX 46
 CHIPLEY FL 32428
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2756198

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **CDTR HAYES, ROYSTER F**
 STREET ADDRESS **804 HAYES LANE**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T LEE, RUTH**
 STREET ADDRESS **1826 GAINER RD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DTR HOLLEY, BRYANT**
 STREET ADDRESS **2346 WALNUT CIRCLE**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S HAYES, MARSHA**
 STREET ADDRESS **764 HAYES LANE**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S MOORE, AMANDA**
 STREET ADDRESS **1187 HICKORY RDIGE**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Amorinda J. Moore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2001 (850) 638-2405
 Date Daytime Phone #

CR2E037 (10/00)