

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90006 050 ****61.25

DOCUMENT # N94000000565

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

Principal Place of Business Mailing Address
782 ALFORD RD **P.O. BOX 46**
CHIPLEY FL 32428 **CHIPLEY FL 32428**
US **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
HAYES, ROYSTER F.
804 HAYES LANE
CHIPLEY FL 32428

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	CDTR HAYES, ROYSTER F <input type="checkbox"/> Delete 804 HAYES LANE CHIPLEY FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE, RUTH <input type="checkbox"/> Delete 1826 GAINER RD CHIPLEY FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR HOLLEY, BRYANT <input type="checkbox"/> Delete 2346 WALNUT CIRCLE CHIPLEY FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, AMANDA <input checked="" type="checkbox"/> Delete 1187 HICKORY RDIGE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kent, Tracey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2246 Orange Hill Rd Chipley, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tracey Kent Date: 1/20/02 Daytime Phone #: 850-638-2777
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)