


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # N94000000565 | |  |
| 1. Entity Name NEW ORANGE BAPTIST CHURCH OF WASHINGTON COUNTY, INC. | | |
| Principal Place of Business 782 ALFORD RD CHIPLEY, FL 32428 US | Mailing Address P.O. BOX 46 CHIPLEY, FL 32428 US | |



01292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 59-2756198 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent HAYES, ROYSTER F. 804 HAYES LANE CHIPLEY, FL 32428 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000614186
02/06/07-80015-011 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CDTR HAYES, ROYSTER F 804 HAYES LANE CHIPLEY, FL 32428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LEE, RUTH 1826 GAINER RD CHIPLEY, FL 32428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DTR HOLLEY, BRYANT 2346 WALNUT CIRCLE CHIPLEY, FL 32428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HANLEY, MARY L 867 FRASIER CR CHIPLEY, FL 32428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary L Hanley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07 850 638-7844
Date Daytime Phone #

Mary L Hanley