## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## FILED Feb 21, 2005 08:00 AM Secretary of State DOCUMENT # N29139 1. Entity Name ORANGE HILL BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 3485 GAINER ROAD 3485 GAINER ROAD CHIPLEY FL 32428 US CHIPLEY FL 32428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2953634 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETTIS, BRIAN Street Address (P.O. Box Number is Not Acceptable) 955 SUNDAY ROAD CHIPLEY FL 32428 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered egent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution, Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE PETTIS, QUINCY NAME NAME 3837 PINE LOG ROAD STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ÜİtE ☐ Change ☐ Addition PETTIS, BRIAN NAME NAME 955 SUNDAY RD STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition HILE ☐ Change GAINER, PHILLIP NAME NAME 911 PIONEER RD. STREET ADDRESS STREET LADORESS City - St - ZIP CHIPLEY FL 32428 CITY+ST-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

GNING OFFICER OR DIRECTOR