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

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

16700 NE ST RD 26 HAWTHORNE FL 32640

(1)

Mailing Address

ORANGE HEIGHTS BAPTIST CHURCH OF ORANGE HEIGHTS, INC.

## **FILED** Jan 27 1998 8:00am Secretary of State

16700 NE ST F	RD 26 FL 32640		12930 E CO. RD 1474 GAINESVILLE FL 32641						3.	3. Date Incorporated or Qualified					
US											05/18/1990				
										4.	FEI Number		A	pplied For	
											59 <del>-6</del> 543241		N	ot Applicable	
2. Principal Place of Business					2a. Mailing Address					5.	Certificate of Status D	esired $\Box$	\$8.75		
Suite, Apt, #, etc.					Suite Ant # ata					_				eguired	
22					Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution					
City & State					City & State					<del> </del>					
23				28						7. Is this nonprofit corporation a homeowners association?  Yes No					
Zip	Country				Zip Country				8. This corporation owes or has paid the current year intangible						
24	25				29 30					Personal Property Tax due June 30.  Yes No					
İ	9. Name	and Address o	of Current Re	egistered Agent 81 Name					10. Name and Address of New Registered Agent						
								١ ١	Name .						
DOUGHERTY, EARL					82			. 8	Street Addr	eet Address (P.O. Box Number is Not Acceptable)					
RT 2 BOX 110															
HAWTH	ORNE FL 32					83									
							84	C	City			FL	<b>85</b> Zip	Code	
11. Pursuant	to the provision	ons of Sections	617.0502 an	d 617.	.1508, Florida Statut	es, the a	bove	e-n:	amed corp	oratio	on submits this statemen			ts registered	
office or reagent. I as	egistered age m familiar wit	ant, or both, in h, and accept	the State of F the obligation	ilorida. Is of, S	Such change was a section 617.0503, Fig.	authoriza orida Sta	ed by stutes	y th s.	e corporati	ion's b	on submits this statement board of directors. I her	eby accept the appo	intment as	registered	
SIGNATURE															
	Signature, typed o	x printed name of re						ent s	ignature require			DATE			
12.	PD	OFFIC	ERS AND DI	HECT	DELETE	13.				,	ADDITIONS/CHANGES				
TITLE		RTY, EARL			L DELETE		ΠŁΕ						Change	Addition	
NAME		-					2 NAME								
STREET ADDRESS	RT 2 BO			• • • • • • • • • • • • • • • • • • • •			.3 STREET ADDRESS								
CITY-ST-ZIP	HAWTHO VD	MNE FL					4 CITY-ST-ZIP								
TITLE		141450					2.1 TITLE				•	Change	☐ Addition		
NAME	THOMAS	-		2.2 N			2.2 NAME								
STREET ADDRESS	RT 2 BO						2.3 STREET ADDRESS							-	
CITY-ST-ZIP	HAWTHO	HINE FL		The part was			2.4 CITY-ST-ZIP								
TITLE	1	E11	☐ DELETE	3.1 TITLE							LLI Change	Addition			
NAME		ELL, BONNIE						3.2 NAME							
STREET ADDRESS		CO. RD 147	4				3.3 STREET ADDRESS								
CITY-ST-ZIP	GAINESV	ILLE FL					ary-s	ST-Z	UP SIL						
TITLE	SD				DELETE 4.1			1.1 TITLE					Change	Addition	
NAME	DAVIS, J			4. 2 f			. 2 NAME						1		
STREET ADDRESS		ST RD 26		4.3 STREET ADDRESS			PRESS								
CITY-ST-ZIP	GAINESVILLE FL 4.4 CIT								P						
TITLE					DELETE	5.1 7	ITLE						Change	Addition	
NAME						5.2 N	ÀME							ļ	
STREET ADDRESS						5.3 S	TREET	ADD	RESS					İ	
CITY-ST-ZIP						5.4 0	TY-ST	T-ZII	Р						
TITLE					☐ DELETE	6.1 T	TLE						Change	☐ Addition	
NAME						6.2 N	AME		1						
STREET ADORESS						6.3 S	TREET	ADD	RESS						
CITY-ST-ZIP							ITY-ST								
14. I hereby c	ertify that the	information sur	oolied with th	is filino	does not qualify fo	r the ex	empt	ion	stated in S	Section	n 119.07(3)(i). Florida S	Statutes, I further cert	ify that the	Information	

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. ext. 1910

1-6-98

352-334-3400