

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90025 007 ****61.25

DOCUMENT # N38206

1. Entity Name

**ORANGE HEIGHTS BAPTIST CHURCH OF ORANGE
HEIGHTS, INC.**



Principal Place of Business

**16700 NE ST RD 26
HAWTHORNE FL 32640
US**

Mailing Address

**16700 NE ST RD 26
HAWTHORNE FL 32640
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

59-6543241

Applied For

Not Applicable

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

**TILLIS, B T
19901 NE 114 AVE
CR 1467 NE
EARLETON FL 32631**

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. 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TILLIS, B T
STREET ADDRESS 19901 NE 114 AVE
CITY-ST-ZIP EARLETON FL 32631 ☐ Delete

TITLE VDT
NAME DAVIS, JUDY
STREET ADDRESS 7421 NE US HWY 301
CITY-ST-ZIP HAWTHORNE FL 32640 ☐ Delete

TITLE CT
NAME MIMBS-LAWSON, BETTY
STREET ADDRESS 1108 NE 114 AVE
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ Delete

TITLE CT
NAME DEGRAFF, BUDDY
STREET ADDRESS 24024 ST RD 26
CITY-ST-ZIP MELROSE FL 32666 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SAME
NAME SAME
STREET ADDRESS 8620-158 N.W. 13th Street
CITY-ST-ZIP Gainesville, FL 32623 ☒ Change ☐ Addition

TITLE CT
NAME Nick Smith
STREET ADDRESS 6406 Latchstring Lane
CITY-ST-ZIP Melrose, FL 32666 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

B.T. Tillis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B.T. Tillis

1-29-04

(352) 468-2752

Date

Daytime Phone #