

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90137 013 ****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**

☐ CHECK HERE IF MAKING CHANGES

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	TILLIS, B T	
STREET ADDRESS	19901 NE 114 AVE	
CITY-ST-ZIP	EARLETON FL 32631	
TITLE	VDT	☐ Delete
NAME	DAVIS, JUDY	
STREET ADDRESS	7421 NE US HWY 301	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	CT	☐ Delete
NAME	MIMBS-LAWSON, BETTY	
STREET ADDRESS	1108 NE 114 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	CT	☐ Delete
NAME	DEGRAFF, BUDDY	
STREET ADDRESS	24024 ST RD 26	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

Betty M. Lawson

20 Apr 03 352 468 2752

CR2E037 (10/02)