

28-95 13-1010-20
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**CORPORATION
 ANNUAL REPORT
 1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

**FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS**

DOCUMENT # 704293 (0)

1. Corporation Name

FIRST BAPTIST CHURCH OF MICANOPY INC

95 FEB -8 AM 9:45

Principal Place of Business

Mailing Address

709 NE CHOLOKKA BLVD
 BOX 241
 MICANOPY FL 32667

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 BOX 241
 MICANOPY FL 32667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/17/1962** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-2164233** Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEAVER, MARTHA A
 SEMINARY ST/PO BOX 171
 MICANOPY FL 32667**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
 NAME **DAVIS, MITCH**
 STREET ADDRESS **17319 W. CR 234**
 CITY-ST-ZIP **MICANOPY FL 32667**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **VD**
 NAME **DAVIS, WAYNE D**
 STREET ADDRESS **205 NW HWY 441**
 CITY-ST-ZIP **MICANOPY FL 32667**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **STD**
 NAME **WEAVER, MARTHA A**
 STREET ADDRESS **702 NW SEMINARY AVE**
 CITY-ST-ZIP **MICANOPY, FL 00000**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **PD**
 NAME **ROBERTS, FAYE**
 STREET ADDRESS **309 WHITING RD**
 CITY-ST-ZIP **MICANOPY, FL 00000**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D**
 NAME **PRUITT, JIM**
 STREET ADDRESS **4909 SE 165TH AVE**
 CITY-ST-ZIP **MICANOPY, FL 00000**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martha A Weaver* **MARTHA A WEAVER** **2/6/95** **904)466 3247**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number