

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Feb 28, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 704293 (0)**  
1. Corporation Name

**FIRST BAPTIST CHURCH OF MICANOPY INC**



Principal Place of Business <b>709 NE CHOLOKKA BLVD BOX 241 MICANOPY FL 32667</b>	Mailing Address <b>709 NE CHOLOKKA BLVD BOX 241 MICANOPY FL 32667</b>
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3. Date Incorporated or Qualified <b>07/17/1962</b>	3a. Date of Last Report <b>02/08/1995</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number <b>59-2164233</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WEAVER, MARTHA A SEMINARY ST/PO BOX 171 MICANOPY FL 32667</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, MITCH</b>	1.2 NAME	
STREET ADDRESS	<b>17319 W. CR 234</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MICANOPY FL 32667</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, WAYNE D</b>	2.2 NAME	
STREET ADDRESS	<b>205 NW HWY 441</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MICANOPY FL 32667</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, MARTHA A</b>	3.2 NAME	
STREET ADDRESS	<b>702 NW SEMINARY AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MICANOPY, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, FAYE</b>	4.2 NAME	
STREET ADDRESS	<b>309 WHITING RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MICANOPY, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRUITT, JIM</b>	5.2 NAME	
STREET ADDRESS	<b>4909 SE 165TH AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MICANOPY, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 617, 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 **2/24/96** **352) 466 3891**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)