

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

**FILED**

**Feb 28 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 704293 (0)**

1. Corporation Name  
**FIRST BAPTIST CHURCH OF MICANOPY INC**



Principal Place of Business      Mailing Address  
**709 NE CHOLOKKA BLVD  
BOX 241  
MICANOPY FL 32667**      **709 NE CHOLOKKA BLVD  
BOX 241  
MICANOPY FL 32667-0241**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/17/1962**      **02/28/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2164233		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WEAVER, MARTHA A SEMINARY ST/PO BOX 171 MICANOPY FL 32667</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIS, MITCH</b>	1.2 NAME	<b>JANE Elholm</b>
STREET ADDRESS	<b>17319 W. CR 234</b>	1.3 STREET ADDRESS	<b>10580 NW 230 STREET</b>
CITY-ST-ZIP	<b>MICANOPY FL 32667</b>	1.4 CITY-ST-ZIP	<b>MICANOPY, FL 32667</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIS, WAYNE D</b>	2.2 NAME	<b>MITCHELL B. MORGAN</b>
STREET ADDRESS	<b>205 NW HWY 441</b>	2.3 STREET ADDRESS	<b>RT 2 Box 147 W. MORGAN RD</b>
CITY-ST-ZIP	<b>MICANOPY FL 32667</b>	2.4 CITY-ST-ZIP	<b>MICANOPY, FL 32667</b>
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 185TH 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Treasurer      2/24/97      352 466 3121

CPRE037 (9/96)