

FILE NOW: FILING FEE IS \$61.25

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**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704293 (0)

1. Corporation Name
FIRST BAPTIST CHURCH OF MICANOPY INC



Principal Place of Business 709 NE CHOLOKKA BLVD BOX 241 MICANOPY FL 32667	Mailing Address 709 NE CHOLOKKA BLVD BOX 241 MICANOPY FL 32667
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3. Date Incorporated or Qualified 07/17/1962	
4. FEI Number 59-2164233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

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

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		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	ELHOLM, JANE	
STREET ADDRESS	10580 NW 230 STREET	
CITY-ST-ZIP	MICANOPY FL	
TITLE	VD	<input type="checkbox"/>
NAME	MORGAN, MITCHELL B.	
STREET ADDRESS	RT 2 BOX 147 W MORGAN RD	
CITY-ST-ZIP	MICANOPY FL	
TITLE	STD	<input type="checkbox"/>
NAME	WEAVER, MARTHA A	
STREET ADDRESS	702 NW SEMINARY AVE	
CITY-ST-ZIP	MICANOPY, FL 00000	
TITLE	PD	<input type="checkbox"/>
NAME	ROBERTS, FAYE	
STREET ADDRESS	309 WHITING RD	
CITY-ST-ZIP	MICANOPY, FL 00000	
TITLE	D	<input type="checkbox"/>
NAME	PRUITT, JIM	
STREET ADDRESS	4909 SE 185TH AVE	
CITY-ST-ZIP	MICANOPY, FL 00000	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	JANIE BURNHAM		
1.3 STREET ADDRESS	17404 COUNTY ROAD 234		
1.4 CITY-ST-ZIP	MICANOPY FL 32667		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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* **MARTHA A WEAVER 2/23/98 352 466 3121**

CR2E037 (1097)