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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704293
 1. Corporation Name
FIRST BAPTIST CHURCH OF MICANOPIY INC

Principal Place of Business 709 NE CHOLOKKA BLVD BOX 241 MICANOPIY FL 32667	Mailing Address 709 NE CHOLOKKA BLVD BOX 241 MICANOPIY FL 32667
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/17/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2164233 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	
	Country 30	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, JANIE	1.2 NAME	
STREET ADDRESS	17404 COUNTY RD 234	1.3 STREET ADDRESS	
CITY-ST-ZIP	MICANOPIY FL 32667	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, MITCHELL B.	2.2 NAME	
STREET ADDRESS	RT 2 BOX 147 W MORGAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MICANOPIY FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, MARTHA A	3.2 NAME	
STREET ADDRESS	702 NW SEMINARY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MICANOPIY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, FAYE	4.2 NAME	
STREET ADDRESS	309 WHITING RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MICANOPIY, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUITT, JIM	5.2 NAME	
STREET ADDRESS	4909 SE 165TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MICANOPIY, FL 00000	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 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, with all other like empowered.

SIGNATURE: MARTHA A WEAVER Treasurer 2/2/99 352 466-3121 *Work*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)