

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 704293**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90023 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2164233**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BURNHAM, JANIE</b>                               | NAME  |  |
| STREET ADDRESS             | <b>17404 COUNTY RD 234</b>                          | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>MICANOPY FL 32667</b>                            | CITY-ST-ZIP   |  |
| TITLE                      | <b>VD</b> <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MORGAN, MITCHELL B.</b>                          | NAME  |  |
| STREET ADDRESS             | <b>RT 2 BOX 147 W MORGAN RD</b>                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>MICANOPY, FL</b>                                 | CITY-ST-ZIP   |  |
| TITLE                      | <b>STD</b> <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>WEAVER, MARTHA A</b>                             | NAME  |  |
| STREET ADDRESS             | <b>702 NW SEMINARY AVE</b>                          | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>MICANOPY, FL 00000</b>                           | CITY-ST-ZIP   |  |
| TITLE                      | <b>PD</b> <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ROBERTS, FAYE</b>                                | NAME  |  |
| STREET ADDRESS             | <b>309 WHITING RD</b>                               | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>MICANOPY, FL 00000</b>                           | CITY-ST-ZIP   |  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>PRUITT, JIM</b>                                  | NAME  | <b>D WARD, RONALD</b>  |
| STREET ADDRESS             | <b>4909 SE 165TH AVE</b>                            | STREET ADDRESS  | <b>102 NE RALLY AVE</b>  |
| CITY-ST-ZIP                | <b>MICANOPY, FL 00000</b>                           | CITY-ST-ZIP   | <b>MICANOPY, FL 32667</b>  |
| TITLE                      | <input type="checkbox"/> Delete                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Martha A Weaver*

1-27-00

352 466 3121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #