


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90036 004 \*\*\*\*61.25

**DOCUMENT # 704293**

1. Entity 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

24009397



2: Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3: Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01292004 Chg-NP CR2E037 (10/03)

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

7: Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Martha A Weaver DATE 2/7/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNHAM, JANIE 17404 COUNTY RD 234 MICANOPY, FL 32667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, MITCHELL B. RT 2 BOX 147 W MORGAN RD MICANOPY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEAVER, MARTHA A 702 NW SEMINARY AVE MICANOPY, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, FAYE 309 WHITING RD MICANOPY, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, RONALD 102 NE RALLY AVE MICANOPY, FL 326677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE 2/7/04 DAYTIME PHONE # W= 352 466 3121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR