


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 704293 1. Entity Name FIRST BAPTIST CHURCH OF MICANOPY INC	
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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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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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. 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 1-19-2007

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

FILE NOW FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	
NAME	SAMUELS, PHILLIP	
STREET ADDRESS	118 LAKE LYON REND	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	
NAME	REGISTER, SAM	
STREET ADDRESS	13113 SE 9TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	STD	
NAME	WEAVER, MARTHA A	
STREET ADDRESS	702 NW SEMINARY AVE	
CITY-ST-ZIP	MICANOPY, FL 00000	
TITLE	PD	
NAME	ROBERTS, FAYE	
STREET ADDRESS	309 WHITING RD	
CITY-ST-ZIP	MICANOPY, FL 00000	
TITLE	VD	
NAME	WARD, RONALD	
STREET ADDRESS	102 NE RALLY AVE	
CITY-ST-ZIP	MICANOPY FL 32-6677	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martha A Weaver* MARTHA A. WEAVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR