

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704293

FILED
Jan 08, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF MICANOPY INC

Current Principal Place of Business:

709 NE CHOLOKKA BLVD.
MICANOPY, FL 32667

New Principal Place of Business:

709 NE CHOLOKKA BLVD
MICANOPY, FL 32667

Current Mailing Address:

PO BOX 241
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 59-2164233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMISON, WESLEY
709 NE CHOLOKKA BLVD
MICANOPY, FL 32667 US

Name and Address of New Registered Agent:

HAYDEN, WILLIAM B
4435 NW 23RD DR
GAINESVILLE, FL 32605 US

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: WILLIAM B HAYDEN 01/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAMISON, WESLEY
Address: PO BOX 435
City-St-Zip: MICANOPY, FL 32667

Title: STD () Delete
Name: HAYDEN, BILL
Address: 4435 NW 23RD DR.
City-St-Zip: GAINESVILLE, FL 32605

Title: VD () Delete
Name: WARD, MARK
Address: 709 NE CHOLOKKA BLVD.
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NORRIS, HAYDEN E
Address: PO BOX 1002
City-St-Zip: MICANOPY, FL 32667

Title: STD (X) Change () Addition
Name: HAYDEN, WILLIAM B
Address: 4435 NW 23RD DR
City-St-Zip: GAINESVILLE, FL 32605

Title: VD (X) Change () Addition
Name: JAMISON, WESLEY
Address: 47 HICKORY HILL RD
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B HAYDEN STD 01/08/2009

Electronic Signature of Signing Officer or Director Date