

2/2/1

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90299 045 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

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

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.

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

TITLE **D** ☐ Delete  
 NAME **BURNHAM, JANIE**  
 STREET ADDRESS **17404 COUNTY RD 234**  
 CITY-ST-ZIP **MICANOPY FL 32667**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **MORGAN, MITCHELL B.**  
 STREET ADDRESS **RT 2 BOX 147 W MORGAN RD**  
 CITY-ST-ZIP **MICANOPY FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD** ☐ Delete  
 NAME **WEAVER, MARTHA-A**  
 STREET ADDRESS **702 NW SEMINARY AVE**  
 CITY-ST-ZIP **MICANOPY, FL 00000**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **ROBERTS, FAYE**  
 STREET ADDRESS **309 WHITING RD**  
 CITY-ST-ZIP **MICANOPY, FL 00000**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **WARD, RONALD**  
 STREET ADDRESS **102 NE RALLY AVE**  
 CITY-ST-ZIP **MICANOPY FL 32-6677**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 STD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

**WORK**

352 466 3121

Date

Daytime Phone #

CR2E037 (10/00)