

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90017 033 ****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 & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

SIGNATURE

Martha A Weaver

MARTHA A. WEAVER

2/22/06

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
Due By May 1, 2006

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Samuels, Phillip
STREET ADDRESS 118 Lake Lyon Road
CITY-ST-ZIP HAWTHORNE, FL 32640

TITLE D ☐ Change ☒ Addition
NAME Register, Sam
STREET ADDRESS 13113 SE 9th PLACE
CITY-ST-ZIP GAINESVILLE, FL 32641

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

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

TITLE VD ☒ Change ☐ Addition
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martha A Weaver

MARTHA A WEAVER

352 466 3247