

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 29, 2007
Secretary of State

DOCUMENT# 704293

Entity Name: FIRST BAPTIST CHURCH OF MICANOPY INC

Current Principal Place of Business:709 NE CHOLOKKA BLVD
BOX 241
MICANOPY, FL 32667**New Principal Place of Business:****Current Mailing Address:**709 NE CHOLOKKA BLVD
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:WEAVER, MARTHA A
702 SEMINARY ST/PO BOX 171
MICANOPY, FL 32667 US**Name and Address of New Registered Agent:**HAYDEN, WILLIAM B
4435 NW 23RD DRIVE
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

07/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: SAMUELS, PHILLIP
Address: 118 LAKE LYON REND
City-St-Zip: HAWTHORNE, FL 32640Title: D () Delete
Name: REGISTER, SAM
Address: 13113 SE 9TH PLACE
City-St-Zip: GAINESVILLE, FL 32641Title: STD () Delete
Name: WEAVER, MARTHA A,
Address: 702 NW SEMINARY AVE
City-St-Zip: MICANOPY, FL 00000,Title: PD () Delete
Name: ROBERTS, FAYE,
Address: 309 WHITING RD
City-St-Zip: MICANOPY, FL 00000,Title: VD () Delete
Name: WARD, RONALD
Address: 102 NE RALLY AVE
City-St-Zip: MICANOPY, FL 326677**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: STD (X) Change () Addition
Name: HAYDEN, WILLIAM B
Address: 4435 NW 23RD DRIVE
City-St-Zip: GAINESVILLE, FL 32605Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

07/29/2007

Electronic Signature of Signing Officer or Director

Date