

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005991

FILED
Jan 31, 2005
Secretary of State

Entity Name: MICANOPY CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

116 NE HUNTER AVE
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 86
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 59-3426671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELDER, STEPHEN C
RT 2 BOX 298-3
MICANOPY, FL 32667 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ELDER, STEPHEN C
Address: RT 2 BOX 298-3
City-St-Zip: MICANOPY, FL 32667

Title: DS () Delete
Name: SCOTT, LATERRSA
Address: RT 2 BOX 297
City-St-Zip: MICANOPY, FL 32667

Title: DT () Delete
Name: TOMPKINS, HUGH W
Address: 12629 S US HWY 441
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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 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 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: LATERRSA SCOTT

DS

01/31/2005

Electronic Signature of Signing Officer or Director

Date