



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90183 004 \*\*\*\*61.25

<b>DOCUMENT # N96000005991</b> 1. Entity Name <b>MICANOPY CHRISTIAN FELLOWSHIP, INC.</b>					
Principal Place of Business <b>116 NE HUNTER AVE MICANOPY, FL 32667</b>			Mailing Address <b>P.O. BOX 86 MICANOPY, FL 32667</b>		
2. Principal Place of Business <b>4909 SE 165th AVE</b> Suite, Apt. #, etc. <b>Micanopy, FL</b> City & State <b>MICANOPY, FLORIDA</b> Zip <b>32667</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <b>United States</b>			
4. FEI Number <b>59-3426671</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01252006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent  <b>ELDER, STEPHEN C RT 2 BOX 298-3 MICANOPY, FL 32667</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>ELDER, STEPHEN C</b> <b>RT 2 BOX 298-3</b> <b>MICANOPY, FL 32667</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>SCOTT, LATERRSA</b> <b>RT 2 BOX 297</b> <b>MICANOPY, FL 32667</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>TOMPKINS, HUGH W</b> <b>12629 S US HWY 441</b> <b>MICANOPY, FL 32667</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>William Ormsbee</b> <b>12907 S.E. County Road 234</b> <b>Micanopy, FL 32667</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>TOMPKINS, HUGH W</b> <b>12629 S US HWY 441</b> <b>MICANOPY, FL 32667</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Stephen C. Elder</u> <b>Stephen C. Elder</b> <span style="float: right;">2/24/06 351-398-2527</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					