


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005991</b> 1. Entity Name MICANOPY CHRISTIAN FELLOWSHIP, INC.	
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Principal Place of Business 4909 SE 165TH AVE MICANOPY, FL 32667	Mailing Address P.O. BOX 86 MICANOPY, FL 32667
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3426671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ELDER, STEPHEN C RT 2 BOX 298-3 MICANOPY, FL 32667	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELDER, STEPHEN C RT 2 BOX 298-3 MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCOTT, LATERRSA RT 2 BOX 297 MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ORMSBEE, WILLIAM 12907 SE COUNTY RD 234 MICANOPY, FL 32667
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/12/07-80005-017 61.25

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** Stephen Elder **STEPHEN ELDER** 4-2-2007 352-378-2627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #