

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90007 043 ****61.25

DOCUMENT # N03000010456
 1. Entity Name
FORT WHITE UNITED METHODIST CHURCH INC



Principal Place of Business Mailing Address
201 SW WELL ST PO BOX 71
FT WHITE FL 32038 FT WHITE FL 32038

24080458



MOORE CR2E037 (4/04)

2. Principal Place of Business 3. Mailing Address
201 Sw Well St P.O. Box 71
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fl White Fl Ft White Fl

4. FEI Number Applied For
59-3677785 Not Applicable

Zip Country Zip Country
32038 Columbia 32038 Columbia

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUNTLEY, DAVID
201 SW WELL ST
FT WHITE FL 32038

7. Name and Address of New Registered Agent
 Name **Huntley David**
 Street Address (P.O. Box Number is Not Acceptable)
201 Sw Well St
 City **Fl White** State **FL** Zip Code **32038**

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 **David C Huntley** DATE **8-15-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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	DP	<input type="checkbox"/> Delete
NAME	HUNTLEY, DAVID	
STREET ADDRESS	160 SW BRAHMAN GLN	
CITY-ST-ZIP	FT WHITE FL 32038	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PALM, SCOTTY	
STREET ADDRESS	757 FAULKNER DR	
CITY-ST-ZIP	FT WHITE FL 32038	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WILSON, MAX	
STREET ADDRESS	1782 SW SANTAFE DR	
CITY-ST-ZIP	FT WHITE FL 32038	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTER, SUSAN	
STREET ADDRESS	RT 28 BOX 404	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEESE, SALLIE MAE	
STREET ADDRESS	PO BOX 68	
CITY-ST-ZIP	FT WHITE FL 32038	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **David C Huntley** DATE: **8-15-04** DAYTIME PHONE #: **386-497-1742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR