

FILED

Aug 05, 2005 08:00 AM
Secretary of State

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000010456

1. Entity Name
FORT WHITE UNITED METHODIST CHURCH INC



Principal Place of Business
201 S WELL ST
FT WHITE, FL 32038

Mailing Address
PO BOX 71
FT WHITE, FL 32038



08022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677785

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HUNTLEY, DAVID
STREET ADDRESS	160 SW BRAHMAN GLN
CITY-ST-ZIP	FT WHITE, FL 32038
TITLE	DV
NAME	PALM, SCOTTY
STREET ADDRESS	757 FAULKNER DR
CITY-ST-ZIP	FT WHITE, FL 32038
TITLE	DST
NAME	WILSON, MAX
STREET ADDRESS	1782 SW SANTA FE DR
CITY-ST-ZIP	FT WHITE, FL 32038
TITLE	D
NAME	PORTER, SUSAN
STREET ADDRESS	RT 28 BOX 404
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	D
NAME	DEESE, SALLIE MAE
STREET ADDRESS	PO BOX 68
CITY-ST-ZIP	FT WHITE, FL 32038
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001375637
08/05/05-80003-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-05 497-1242
Date Daytime Phone #