


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90134 001 \*\*\*\*61.25  
 01-22-2007 90134 002 \*\*\*\*\*8.75

**DOCUMENT # N03000010456**

1. Entity Name:  
**FORT WHITE UNITED METHODIST CHURCH INC**



Principal Place of Business: **201 SWELL ST FT WHITE, FL 32038**

Mailing Address: **PO BOX 71 FT WHITE, FL 32038**

2. Principal Place of Business - Not P.O. Box #  
**185 SW Well Street**

3. Mailing Address  
**P.O. Box 71**

Suite, Apt. #, etc. \_\_\_\_\_ Suite, Apt. #, etc. \_\_\_\_\_

City & State: **Fort White FL**

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Zip: **32038** Country: **Columbia** Zip: **32038** Country: **Columbia**



01042007 Chg-NP CR2503 (12/06)

4. FEI Number  
**59-3677785**

5. Certificate of Status Desired  **8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, LEIGHTON**  
**167 SW DEPOT WAY**  
**FT WHITE, FL 32038**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** \_\_\_\_\_

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 agree to pay the obligations of registered agent.

SIGNATURE: **LEIGHTON D. SMITH** *Leighton D. Smith* **1-7-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, LEIGHTON 167 SW DEPOT WAY FT WHITE, FL 32038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAGG, DON 363 SW SANTA FE DR. FT WHITE, FL 32038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILSON, MAX 1782 SW SANTAFE DR FT WHITE, FL 32038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEESE, SALLIE MAE PO BOX 68 FT WHITE, FL 32038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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 on the report, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LEIGHTON D. SMITH, DIRECTOR** *Leighton D. Smith* **1-7-07** **(386) 497-3763**

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