

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 27, 2009
Secretary of State**

DOCUMENT# N03000010456

Entity Name: FORT WHITE UNITED METHODIST CHURCH INC

Current Principal Place of Business:

185 SW WELL STREET
FT WHITE, FL 32038

New Principal Place of Business:

Current Mailing Address:

PO BOX 71
FT WHITE, FL 32038

New Mailing Address:

FEI Number: 59-3677785 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMITH, LEIGHTON
Address: 167 SW DEPOT WAY
City-St-Zip: FT WHITE, FL 32038

Title: DV () Delete
Name: HAGG, DON
Address: 363 SW SANTA FE DR.
City-St-Zip: FT WHITE, FL 32038

Title: DST () Delete
Name: WILSON, MAX
Address: 1782 SW SANTAFE DR
City-St-Zip: FT WHITE, FL 32038

Title: D () Delete
Name: DEESE, SALLIE MAE
Address: PO BOX 68
City-St-Zip: FT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEIGHTON D. SMITH

DP

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date