

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010456

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC2435152151**

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

**Current Principal Place of Business:**

185 SW WELL STREET  
FT WHITE, FL 32038

**Current Mailing Address:**

PO BOX 71  
FT WHITE, FL 32038

**FEI Number:** 59-3677785

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PERGANDE, MARY  
296 SW RICHMOND WAY  
FT WHITE, FL 32038 US

*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

**Officer/Director Detail :**

Title           DIRECTOR, VP  
Name           HAGG, DON  
Address        363 SW SANTA FE DR.  
City-State-Zip: FT WHITE FL 32038

Title           DIRECTOR, PRESIDENT  
Name           WILSON, MAX  
Address        1782 SW SANTAFE DR  
City-State-Zip: FT WHITE FL 32038

Title           DIRECTOR, TREASURER  
Name           BESSO, JAN  
Address        9783 NW 87TH TERR  
City-State-Zip: LAKE BUTLER FL 32025

Title           DIRECTOR, SECRETARY  
Name           GLADDISH, DON  
Address        PO BOX 776  
City-State-Zip: HIGH SPRINGS FL 32655

*I hereby 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 all other like empowered.*

**SIGNATURE:** MAX WILSON

**PRESIDENT**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date