

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010456

**FILED**  
**Mar 14, 2014**  
**Secretary of State**  
**CC1991077532**

**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 HARBER, JOHN

Address 143 SW BLAZER COURT

City-State-Zip: FORT WHITE FL 32038

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**

**03/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date