

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90050 004 ****61.25

DOCUMENT # 709980

1. Entity Name

THE WHITE ROSE NURSERY, INC.



Principal Place of Business

21270 NE 40TH ST.
WILLISTON FL 32696

Mailing Address

P.O. BOX 705
WILLISTON FL 32696



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENS, RONALD W
280 E HATHAWAY AVE
BRONSON FL 32621

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: 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: S ☐ Delete
NAME: SIMS, SOPHIA
STREET ADDRESS: 7831 NE 185 CT
CITY- ST- ZIP: WILLISTON FL 32696

TITLE: D ☐ Delete
NAME: THOMPkins-MONROE, AURORA
STREET ADDRESS: 21373 NE 40TH ST
CITY- ST- ZIP: WILLISTON FL 32696

TITLE: D ☐ Delete
NAME: DELAINO, EMILY K
STREET ADDRESS: 130 SW 3RD STREET
CITY- ST- ZIP: WILLISTON FL 32696

TITLE: PD ☐ Delete
NAME: READ, MARY
STREET ADDRESS: 615 S.W. 3RD ST.
CITY- ST- ZIP: WILLISTON FL

TITLE: D ☒ Delete
NAME: THOMPkins, AURORA MONROE
STREET ADDRESS: ROUTE 1, BOX 11710
CITY- ST- ZIP: WILLISTON FL

TITLE: D ☐ Delete
NAME: FRENCH, MARY GENE
STREET ADDRESS: 823 NW 2ND AVE
CITY- ST- ZIP: WILLISTON FL 32696

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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CITY- ST- ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Aurora Thompson Monroe Aurora Thompson Monroe 2/07/07 322-528-6060*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #