

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709980

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** THE WHITE ROSE NURSERY, INC.

**Current Principal Place of Business:**

21270 NE 40TH ST.  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 705  
WILLISTON, FL 32696

**New Mailing Address:**

**FEI Number:** 59-1105311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEVENS, RONALD W  
280 E HATHAWAY AVE  
BRONSON, FL 32621 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: S ( ) Delete  
Name: SIMS, SOPHIA  
Address: 7831 NE 185 CT  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: THOMPkins-MONROE, AURORA  
Address: 21373 NE 40TH ST  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: DELAINO, EMILY K  
Address: 130 SW 3RD STREET  
City-St-Zip: WILLISTON, FL 32696

Title: PD ( ) Delete  
Name: READ, MARY,  
Address: 615 S.W. 3RD ST.  
City-St-Zip: WILLISTON, FL

Title: D ( ) Delete  
Name: FRENCH, MARY GENE  
Address: 823 NW 2ND AVE  
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: THOMPkins, AURORA  
Address: 21373 NE 40TH ST  
City-St-Zip: WILLISTON, FL 32696

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: AURORA THOMPkins

D

02/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date