

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001153

FILED  
Jan 17, 2006  
Secretary of State

Entity Name: WHITE 1 FOUNDATION, INC.

## Current Principal Place of Business:

822 NORTH HOAGLAND BLVD.  
KISSIMMEE, FL 34741

## New Principal Place of Business:

## Current Mailing Address:

822 NORTH HOAGLAND BLVD.  
KISSIMMEE, FL 34741

## New Mailing Address:

FEI Number: 03-0390734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TIMKEN, MARK  
807 VERANDA PLACE  
CELEBRATION, FL 34747 US

## Name and Address of New Registered Agent:

TIMKEN, MARK  
13137 LAKE BUTLER BLVD  
WINDERMERE, FL 34786 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: MARK TIMKEN

01/17/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: TIMKEN, MARK  
Address: 807 VERANDA PLACE  
City-St-Zip: CELEBRATION, FL 34747

Title: DS ( ) Delete  
Name: LACKMAN, PETER  
Address: 710 WEST BAY STREET  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: RODRIQUEZ, RAMON  
Address: 166 GREENWICH ST.  
City-St-Zip: DAVENPORT, FL 33896

Title: T ( ) Delete  
Name: MCKIE, MELISSA  
Address: 807 VERANDA PLACE  
City-St-Zip: KISSIMMEE, FL 34747

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: TIMKEN, MARK  
Address: 13137 LAKE BUTLER BLVD  
City-St-Zip: WINDERMERE, FL 34786

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

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

Title: T (X) Change ( ) Addition  
Name: MCKIE, MELISSA  
Address: 13137 LAKE BUTLER BLVD.  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK TIMKEN

DP

01/17/2006

Electronic Signature of Signing Officer or Director

Date