


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000010456	
1. Entity Name FORT WHITE UNITED METHODIST CHURCH INC	

Principal Place of Business 201 S WELL ST FT WHITE, FL 32038	Mailing Address PO BOX 71 FT WHITE, FL 32038
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08022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3677785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HUNTLEY, DAVID 201 SW WELL ST FT WHITE, FL 32038
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUNTLEY, DAVID 160 SW BRAHMAN GLN FT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PALM, SCOTTY 757 FAULKNER DR FT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILSON, MAX 1782 SW SANTA FE DR FT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, SUSAN RT 28 BOX 404 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEESE, SALLIE MAE PO BOX 68 FT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000375637  
08/05/05-80003-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David C. Huntley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-05 497-1242  
Date Daytime Phone #