

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90001 027 ****61.25

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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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05172006 Chg-NP CR2E037 (4/06) 4. FEI Number 59-3677785	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUNTLEY, DAVID 201 SW WELL ST FT WHITE, FL 32038				7. Name and Address of New Registered Agent Name SMITH, LEIGHTON Street Address (P.O. Box Number is Not Acceptable) 167 SW DEPOT WAY City FT. WHITE FL Zip Code 32038	
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 <i>Leighton D. Smith</i> DATE 6-11-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUNTLEY, DAVID 160 SW BRAHMAN GLN FT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Smith, Leighton 167 SW Depot Way Ft. White, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PALM, SCOTTY 757 FAULKNER DR FT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAY, DON 363 SW SANTA FE BL. Ft. White, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILSON, MAX 1782 SW SANTA FE DR FT WHITE, FL 32038	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, SUSAN RT 28 BOX 404 LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEESE, SALLIE MAE PO BOX 68 FT WHITE, FL 32038	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Leighton D. Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 6-11-06 Daytime Phone # (386) 497-3763	