2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90134 001 ****61.25
01-22-2007 90134 002 *****8.75

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 - No P.O. Box #
185 SW Well Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 71
Suite, Apt. #, etc.

01042007 Chg-NP CR2E032 (12/06)

City & State: Fort White FL
Zip: 32038 Country: Columbia

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Zip: 32038 Country: Columbia

4. FEI Number
59-3677785

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LEIGHTON
167 SW DEPOT WAY
FT WHITE, FL 32038

7. Name and Address of New Registered Agent

Name

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

City FL

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: LEIGHTON D. SMITH Leighton D. Smith 1-7-07
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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP ☐ Delete	TITLE	
NAME	SMITH, LEIGHTON	NAME	
STREET ADDRESS	167 SW DEPOT WAY	STREET ADDRESS	
CITY-ST-ZIP	FT WHITE, FL 32038	CITY-ST-ZIP	
TITLE	DV ☐ Delete	TITLE	
NAME	HAGG, DON	NAME	
STREET ADDRESS	363 SW SANTA FE DR.	STREET ADDRESS	
CITY-ST-ZIP	FT WHITE, FL 32038	CITY-ST-ZIP	
TITLE	DST ☐ Delete	TITLE	
NAME	WILSON, MAX	NAME	
STREET ADDRESS	1782 SW SANTAFE DR	STREET ADDRESS	
CITY-ST-ZIP	FT WHITE, FL 32038	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	
NAME	DEESE, SALLIE MAE	NAME	
STREET ADDRESS	PO BOX 68	STREET ADDRESS	
CITY-ST-ZIP	FT WHITE, FL 32038	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 above, or on an attachment with any changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEIGHTON D. SMITH, DIRECTOR Leighton D. Smith 1-7-07 (386)497-3763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date