

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010456

FILED  
Feb 27, 2009  
Secretary of State

**Entity Name:** FORT WHITE UNITED METHODIST CHURCH INC

**Current Principal Place of Business:**

185 SW WELL STREET  
FT WHITE, FL 32038

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 71  
FT WHITE, FL 32038

**New Mailing Address:**

**FEI Number:** 59-3677785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, LEIGHTON  
167 SW DEPOT WAY  
FT WHITE, FL 32038 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: DP ( ) Delete  
Name: SMITH, LEIGHTON  
Address: 167 SW DEPOT WAY  
City-St-Zip: FT WHITE, FL 32038

Title: DV ( ) Delete  
Name: HAGG, DON  
Address: 363 SW SANTA FE DR.  
City-St-Zip: FT WHITE, FL 32038

Title: DST ( ) Delete  
Name: WILSON, MAX  
Address: 1782 SW SANTAFE DR  
City-St-Zip: FT WHITE, FL 32038

Title: D ( ) Delete  
Name: DEESE, SALLIE MAE  
Address: PO BOX 68  
City-St-Zip: FT WHITE, FL 32038

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

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

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: LEIGHTON D. SMITH

DP

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date