


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90059 007 ****61.25

DOCUMENT # N06000003814 1. Entity Name WHITE SPRINGS FAITH BASE COMMUNITY ORGANIZATION, INC.					
Principal Place of Business PO BOX 26 WHITE SPRINGS FL 32096			Mailing Address PO BOX 26 WHITE SPRINGS FL 32096		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country <i>HAMILTON</i>	Zip	Country <i>HAMILTON</i>		
4. FEI Number <i>11-3776695</i>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TOWNSEND, ROBERT 447 NW STEPHEN FOSTER DRIVE WHITE SPRINGS FL 32096			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	P UDELL, IVAN PO BOX 26 WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LUMPKIN, HERBERT PO BOX 127 WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BRYANT, YVONNE PO BOX 214 WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BROWN, DOROTHY A PO BOX 184 WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCIPPIO, FRED PO BOX 26 WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROWN, TONJA PO BOX 590 WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Herbert C. Lumpkin* *Robert C. Lumpkin* *04/11/07* *(386)397-2437*