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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000802

1. Corporation Name

THE WHITE HOUSE, INC.

Principal Place of Business

20625 PENNSYLVANIA AVENUE
DUNNELLON FL 34431
US

Mailing Address

20625 PENNSYLVANIA
DUNNELLON FL 34431
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/16/1992

4. FEI Number

59-2890205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HEATON, ARLENE
C/O WHITE HOUSE, INC
20625 PENNSYLVANIA AVE
DUNNELLON FL 34431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE
NAME WILLIAMS, GLORIA H
STREET ADDRESS 12127 PLAMETTO WAY
CITY-ST-ZIP DUNNELLON FL

TITLE DS ☐ DELETE
NAME SMALLRIDGE, VERA
STREET ADDRESS 21120 PALATKA
CITY-ST-ZIP DUNNELLON FL

TITLE DV ☐ DELETE
NAME HEATON, ARLENE
STREET ADDRESS 22978 S.W. 117TH ST.
CITY-ST-ZIP DUNNELLON FL

TITLE D ☒ DELETE
NAME OLIVERIO, L.A. DR
STREET ADDRESS 20661 DATESMAN AVE.
CITY-ST-ZIP DUNNELLON FL 34431

TITLE D ☒ DELETE
NAME DICE, FRIEDA
STREET ADDRESS 20105 SW 78TH ST
CITY-ST-ZIP DUNNELLON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE S/D ☒ Change ☐ Addition
2.2 NAME 21282 Palatka Dr
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T/D ☐ Change ☒ Addition
4.2 NAME Lisa Sheffield
4.3 STREET ADDRESS 12001 Palmetto Way
4.4 CITY-ST-ZIP Dunnellon, FL 34432

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Rev. Jeffrey Welch
5.3 STREET ADDRESS 19270 S.W. 93rd Lane Rd.
5.4 CITY-ST-ZIP Dunnellon, FL 34432

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arlene M. Heaton 1/11/98 352-489-6392

CR2E037 (11/98)