

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 17, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N93000005222**

1. Entity Name

**THE WHITE SPRINGS UNITED METHODIST CHURCH,  
INC.**



Principal Place of Business  
**U.S. HWY 41 AT WESSON ST  
WHITE SPRINGS FL 32096**

Mailing Address  
**P.O. BOX 204  
WHITE SPRINGS FL 32096**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number  
**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAGE, BONNIE S  
352 SW SUNNY ACRES GLEN  
LAKE CITY FL 32024**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE NAME ☐ Delete  
**SAUNDERS, WATKIN**  
STREET ADDRESS  
**PO BOX 404 N/A**  
CITY- ST- ZIP  
**WHITE SPRGS FL**

TITLE NAME ☐ Delete  
**DANIEL, VIRGINIA**  
STREET ADDRESS  
**P.O. BOX 213 N/A**  
CITY- ST- ZIP  
**WHITE SPRINGS FL 32096**

TITLE NAME ☐ Delete  
**JACKSON, RUFUS J**  
STREET ADDRESS  
**RT. 15 BOX 3606**  
CITY- ST- ZIP  
**LAKE CITY FL 32024**

TITLE NAME ☐ Delete  
**ALTMAN, WILBERT**  
STREET ADDRESS  
**P.O. BOX 343**  
CITY- ST- ZIP  
**WHITE SPRINGS FL 32096**

TITLE NAME ☐ Delete  
**SPANDAU, JANICE**  
STREET ADDRESS  
**RT 1 BOX 3455**  
CITY- ST- ZIP  
**WHITE SPRINGS FL 32096**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
**U000U0233615**  
CITY- ST- ZIP  
**02/17/05-80050-018 61.25**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #