

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90167 029 ****61.25

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

00001746



02212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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 renewing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SAUNDERS, WATKIN
STREET ADDRESS	PO BOX 404 N/A
CITY-ST-ZIP	WHITE SPRGS, FL
TITLE	D
NAME	DANIEL, VIRGINIA
STREET ADDRESS	P.O. BOX 213 N/A
CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	D
NAME	JACKSON, RUFUS J
STREET ADDRESS	RT. 15 BOX 3608
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	D
NAME	ALTMAN, WILBERT
STREET ADDRESS	P.O. BOX 343
CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	D
NAME	SPANDAU, JANICE
STREET ADDRESS	RT 1 BOX 3455
CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 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 #

Bonnie S Page

2/21/06

386 719 7408