

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 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**



04022008 No Chg-NP CR2E037 (4/06)

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000881723
04/16/08-80011-021 61.25**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Dan Spandau*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08
Date

758-0998
Daytime Phone #