


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005956 (6)**

1. Corporation Name

THE HENRY AND RILLA WHITE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**109 EAST WADE STREET
TRENTON FL 32693**

**109 EAST WADE STREET
TRENTON FL 32693**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/1995

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 391 E. HATHAWAY AVE

26 P.O. Box 729

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
BRONSON, FL**

**27 City & State
BRONSON, FL**

Zip

Country

24 32621

25 U.S.

Zip

Country

28 32621

30 U.S.

4. FEI Number

APPLIED FOR 59-3543521

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANCASTER, SHEREE H
109 EAST WADE STREET
TRENTON FL 32693**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SCHOSSLER, WILLIAM R**
STREET ADDRESS **ROUTE 3, BOX 387 F N/A**
CITY-ST-ZIP **CHIEFLND FL 32626**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ARNOLD, JAMES A III**
STREET ADDRESS **3918 S.E. 75TH TERRACE**
CITY-ST-ZIP **ALACHUA FL 32615**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LANCASTER, HOWELL E JR**
STREET ADDRESS **POST OFFICE BOX 1256 N/A**
CITY-ST-ZIP **TRENTON FL 32693-1256**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WHITE, LUTHER M**
STREET ADDRESS **POST OFFICE BOX 759 N/A**
CITY-ST-ZIP **CHIEFLND FL 32644**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DURRANCE, LINDA C**
STREET ADDRESS **POST OFFICE BOX 1314 N/A**
CITY-ST-ZIP **BRONSON FL 32621**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

CR2E037 (4/97)