


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90042 050 \*\*\*\*\*61.25

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1999                              |  |  |   | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # N95000005956   |  |   |   |   |  |
| 1. Corporation Name<br>THE HENRY AND RILLA WHITE FOUNDATION, INC.           |  |   |   |   |  |
| Principal Place of Business<br>397 E HATHAWAY AVE<br>BRONSON FL 32621<br>US |  |   | Mailing Address<br>PO BOX 729<br>BRONSON FL 32621<br>US |   |  |



|                                |  |                        |  |  |  |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>12/19/1995  |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br>59-3363521  |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 23 Zip                         |  | 28 Country             |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |  |
| 24                             |  | 25                     |  | 29   |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| LANCASTER, SHEREE H WHITE FOUNDATION, INC.<br>109 EAST WADE STREET<br>TRENTON FL 32693 |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |
|  |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHOSSLER, WILLIAM R              | 1.2 NAME  |   |
| STREET ADDRESS             | ROUTE 3, BOX 387 F N/A            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CHIEFLND FL 32626                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ARNOLD, JAMES A III               | 2.2 NAME  |   |
| STREET ADDRESS             | 3918 S.E. 75TH TERRACE            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ALACHUA FL 32615                  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WHITE, LUTHER M                   | 3.2 NAME  |   |
| STREET ADDRESS             | PO BOX 759 N/A                    | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CHIEFLND FL                       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DURRANCE, LINDA C                 | 4.2 NAME  |   |
| STREET ADDRESS             | PO BOX 1314 N/A                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BRONSON FL                        | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 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 #