NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500005956 1. Corporation Name

THE HENRY AND RILLA WHITE FOUNDATION, INC.

Principal Place of Business 397 E HATHAWAY AVE

Mailing Address

PO BOX 729

FILED Jan 27, 1999 8:00am **Secretary of State**

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



| BRONSON FL 32621 US US BRONSON FL 32621 US | | | | | | . 1004/ADA DIO 10161 DISIL DESIL BENK 10141 DESIL BENL BENL BANK BURA BANK 10160 BANK 1008 | | | |
|--|--|---|---------------------------|---|---------------------|---|---------------------------------------|------------------|--|
| | | | | | | | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 3. Date Incorporated or Qualifed | | | |
| | 26 | | | | حسد نسيد | _ 12/19/1995 | | | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | | | plied For | |
| 2 | ., | 27 | | | | 59-3363521 | No | t Applicable | |
| City & State | | City & State | | | | 5. Certificate of Status Desired \$8.75 Additional | | | |
| 28 | | | | | | 5. Certificate of Status Desired | Fee Re | equired | |
| , Zip | Country Zip | | Country | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| .4 | 25 | 29 | 30 | | | Trust Fund Contribution | Added | to Fees | |
| | 9. Name and Address of Curren | t Registered Agent | | Ι | | 10. Name and Address of New Registers | ed Agent | | |
| | the transfer of the transfer of the | There is a second of the second | | 81 | Name | • | | | |
| LANCASTER, SHEREE: HE A WESTE FOUNDATION, INC. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| TOO EAST | WADE STREET | 并很好的"为特。"的"。 | 4174 8 J | | | | | | |
| | FL 32693 | | • | 83 | | ····· | | | |
| INCIÁTORA | 11 L 02000 | | | | | | . 85 Zip | Code | |
| | | | | 84 | City | · s · km-dom, down isone with a south about more . A | م وجريز المراجع الما | 1148, 2411 1261 | |
| 11 Dureyant | to the provisions of Sections 617 050 | 2 and 617.1508. Florida Statu | ites, the a | bove | -named corp | oration submits this statement for the purpose | of changing its | registered | |
| office or r | egistered agent, or both, in the State of familiar with, and accept the obligation | of Florida. Such change was tions of, Section 617.0503, Fl | authorized lorida Stat | d by f utes. | the corporation | oration submits this statement for the purpose on's board of directors? I hereby accept the appropriate the statement of the purpose on's board of directors? I hereby accept the appropriate the statement of the purpose on the statement of the | pointment astre | gistered # | |
| | | | | | | | | , v | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: 8 | | | | | t signature require | d when reinstating) DATE | AND DIDECTO | NDC IN 12 | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS | Change | Addition | |
| TITLE | D | ☐ DELETE | 1.1 ∏ | TLE | | 47, 46, 44 (csr) | Change | L'I VOOIBOIS | |
| NAME | SCHOSSLER, WILLIAM R | | 1.2 N | AME | | Professional Control of the Control | | | |
| STREET ADDRESS | ROUTE 3, BOX 387 F N/A | | 1.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | CHIEFLND FL 32626 | | 1.4 C | ITY-ST | r-ZIP | | · · · · · · · · · · · · · · · · · · · | | |
| TITLE | D | ☐ DELETE | 2.1 T | M.E | | | Change | Addition | |
| NAME | ARNOLD, JAMES A III | | 2.2 N | AME | ' | | | | |
| STREET ADDRESS | AND OF BETH TERRACE | | | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | ALACHUA FL 32615 | | 2.40 | CITY-S | T-ZiP | | | | |
| TITLE | D | ☐ DELETE | 3.1 T | ITLE | | | ☐ Change | ☐ Addition | |
| NAMES HOUSE | WHITE LUTHER MARRIED ON | 10103 A 1070 TO 1010 | 3.2 N | AME. | | | | | |
| STREET ADDRESS | PO BOX 759 N/A | DERDAR COLST FO | 3.3 S | TREET | ADDRESS | | | | |
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| | DURRANCE, LINDA C | N 6 - 1 -2 | 4.21 | VAME | | | n akter bestaltbiot f | 11(\$5 (411 }85) | |
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| TITLE | BRONCORTE | ☐ DELETE | 5.1 T | | | | Change | ☐ Addition | |
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| | | | 5.3 8 | TREET | ADDRESS | | | | |
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| CITY-ST-ZIP | Sensette - Lesart | DELETE | | TILE | | | Change | . Addition | |
| TITLE | ROUTE 3, 801 387 9 16A | | 6.2 N | AME | | 医原理 的复数 | | | |
| NAME | CHARGENE SE 100593 | | | | ADDRESS | 1 | | | |
| STREET ADDRESS | B | • | 1 | ITY-SI | | ľ | | | |
| CITY-ST-ZIP | | | 0.40 | JIIT-51 | 1-44 | U | | | |

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 REQUIRED