

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90040 042 \*\*\*\*70.00

**DOCUMENT # N95000005956**

1. Entity Name  
**THE HENRY AND RILLA WHITE FOUNDATION, INC.**



Principal Place of Business  
397 E HATHAWAY AVE  
BRONSON, FL 32621 US

Mailing Address  
PO BOX 729  
BRONSON, FL 32621 US

**40015859**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3363521**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, handwritten name of Registered Agent and title, if applicable.

(If 12) (Registered Agent) (Must sign and date on change)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOSSLER, WILLIAM R	
STREET ADDRESS	1977 CHARAIS STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, LUTHER M	
STREET ADDRESS	PO BOX 759 N/A	
CITY-ST-ZIP	CHIEFLAND, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DURRANCE, LINDA C	
STREET ADDRESS	PO BOX 1314 N/A	
CITY-ST-ZIP	BRONSON, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOODY, HORRACE	
STREET ADDRESS	2864 REMINGTON GREEN CR	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM R. SCHOSSLER	
STREET ADDRESS	2833 REMINGTON GREEN CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL QUALLS	
STREET ADDRESS	209 HARRIS RD.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORACE MOODY	
STREET ADDRESS	2833 REMINGTON GREEN CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 or without other like empowered.

SIGNATURE

*William R. Schessler*  
WILLIAM R. SCHOSSLER

850-922-8375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION DATE