

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005956

FILED
Jan 19, 2007
Secretary of State

Entity Name: THE HENRY AND RILLA WHITE FOUNDATION, INC.

Current Principal Place of Business:

397 E HATHAWAY AVE
BRONSON, FL 32621 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 729
BRONSON, FL 32621 US

New Mailing Address:

FEI Number: 59-3363521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: SCHOSSLER, WILLIAM R
Address: 2833 REMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: QUALLS, AL
Address: 209 HARRIS RD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SD () Delete
Name: DURRANCE, LINDA C
Address: PO BOX 1314 N/A
City-St-Zip: BRONSON, FL

Title: TD () Delete
Name: MOODY, HORRACE
Address: 2833 REMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: GARDNER, TOM
Address: 3509 DEERLANE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. SCHOSSLER

PC

01/19/2007

Electronic Signature of Signing Officer or Director

Date