

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90009 023 ****61.25

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

2. Principal Place of Business - No P.O. Box #

3159 Mulberry PK Ct

Suite, Apt. #, etc.

3. Mailing Address

3159 Mulberry PK Ct

Suite, Apt. #, etc.



02252008 Chg-NP CR2E037 (12/06)

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number
59-3363521

Applied For
Not Applicable

Zip
32311

Country
Leon

Zip
32311

Country
Leon

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PC ☐ Delete
NAME SCHOSSLER, WILLIAM R
STREET ADDRESS 2833 REMINGTON GREEN CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME QUALLS, AL
STREET ADDRESS 209 HARRIS RD
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE SD ☐ Delete
NAME DURRANCE, LINDA C
STREET ADDRESS PO BOX 1314 N/A
CITY-ST-ZIP BRONSON, FL

TITLE TD ☐ Delete
NAME MOODY, HORRACE
STREET ADDRESS 2833 REMINGTON GREEN CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME GARDNER, TOM
STREET ADDRESS 3509 DEERLANE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-228-3767