


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90015 024 \*\*\*\*61.25

<b>DOCUMENT # N99000001457</b> 1. Entity Name THE REGAN C. WHITE MEMORIAL FUND, INC.			
Principal Place of Business 12809 RAYSBROOK DRIVE RIVERVIEW, FL 33569		Mailing Address P.O. BOX 763 BRANDON, FL 33-509v	
2. Principal Place of Business 2563 Regal River Rd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 763 Suite, Apt. #, etc.	
City & State Valrico, FL Zip 33594 Country USA		City & State Brandon, FL Zip 33509 Country	
4. FEI Number 59-3580470		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01152004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent WHITE, DONELLE A 12809 RAYSBROOK DRIVE RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name White, Donelle A. Street Address (P.O. Box Number is Not Acceptable) 2563 Regal River Rd City Valrico FL Zip Code 33594	
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 <u>Donelle A. White, Donelle A. White</u> 4/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MCCLURE, REBECCA 425 - 20TH AVE NE ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WILLIAMS, ELLOUISE 3139 BENT CREEK DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WHITE, DONELLE A 12809 RAYSBROOK DR RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2563 Regal River Rd Valrico, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WHITE, THOMAS 12809 RAYSBROOK DR RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2563 Regal River Rd Valrico, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.			
<b>SIGNATURE</b> <u>Donelle A. White, president</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/5/04</u> 813/672-4777 <small>Daytime Phone #</small>	