

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001457

1. Entity Name
THE REGAN C. WHITE MEMORIAL FUND, INC.



Principal Place of Business
2563 REGAL RIVER RD
VALRICO, FL 33594

Mailing Address
P.O. BOX 763
BRANDON, FL 33509



05122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3580470

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, DONELLE A
2563 REGAL RIVER RD
VALRICO, FL 33594

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IN THIS SPACE**

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCCLURE, REBECCA
STREET ADDRESS 425 - 20TH AVE NE
CITY-ST-ZIP ST. PETERSBURG, FL 33704

TITLE D
NAME WILLIAMS, ELLOUISE
STREET ADDRESS 3139 BENT CREEK DRIVE
CITY-ST-ZIP VALRICO, FL 33594

TITLE D
NAME WHITE, DONELLE A
STREET ADDRESS 2563 REGAL RIVER RD
CITY-ST-ZIP VALRICO, FL 33594

TITLE D
NAME WHITE, THOMAS
STREET ADDRESS 2563 REGAL RIVER RD
CITY-ST-ZIP VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000273978
07/22/05-80002-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Donelle A. White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donelle A. White

Date

7/18/05

Daytime Phone #

813/672-4777