FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:22

DOCUMENT # 717857 (7)

1. Corporation Name
CLARA WHITE MISSION

Principal Place of Business	Mailing Address
613 WEST ASHLEY ST JACKSONVILLE FL 32202-4747	613 WEST ASHLEY ST JACKSONVILLE FL 32202-4747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1970
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-6002104 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~BAKER, RONALD~~
21 WEST CHURCH STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: RONALD BAKER
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☒ Addition
NAME	BAKER, RONALD	1.2 NAME		
STREET ADDRESS	21 WEST CHURCH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	32202	
TITLE	~~V~~	2.1 TITLE	V	☒ Change ☐ Addition
NAME	~~ROBINSON, STEVEN~~	2.2 NAME	SWEET, WILLIAM	
STREET ADDRESS	~~7961 SWEET ROSE LANE~~	2.3 STREET ADDRESS	421 WEST CHURCH STREET	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	DICKERSON, PENNY	3.2 NAME		
STREET ADDRESS	~~53300-A NORWOOD AVENUE~~	3.3 STREET ADDRESS	218 WEST ADAMS STREET	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	T	4.1 TITLE		☐ Change ☒ Addition
NAME	JAMESON, ERNEST	4.2 NAME		
STREET ADDRESS	2025 CARL ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	32209	
TITLE	AT	5.1 TITLE		☐ Change ☒ Addition
NAME	ANDERSON, MAX	5.2 NAME		
STREET ADDRESS	2001 ART MUSEUM DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	32207	
TITLE	D	6.1 TITLE		☐ Change ☒ Addition
NAME	GERGORY, BERNARD	6.2 NAME		
STREET ADDRESS	8430 EAST SOPHIST	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	32219	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernest D. Jameson
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Date 904/354-4162
Daytime Phone #

0001170