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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 01/09/1970
3a. Date of Last Report: 04/15/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JAMESON, ERNEST
2025 CARL ROAD
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	JAMESON, ERNEST		1.2 NAME	MAX ANDERSON	
STREET ADDRESS	2025 CARL ROAD		1.3 STREET ADDRESS	2001 ART MUSEUM DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32209		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	RICHARDSON, SANDRA H		2.2 NAME	KELVIN DAVIS	
STREET ADDRESS	421 W. CHURCH STREET		2.3 STREET ADDRESS	12441 AMANDA COVE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32202		2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32225	
TITLE	S	☒ DELETE	3.1 TITLE	S.	☐ Change ☒ Addition
NAME	SMITH, LAURIE-ELLEN		3.2 NAME	DONNA EDWARDS	
STREET ADDRESS	4976 SAN JOSE BLVD. #215		3.3 STREET ADDRESS	2536 SANDLEWOOD CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP	ORANGE PARK, FL. 32065	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FORD, DWINELLE		4.2 NAME		
STREET ADDRESS	1897 BEACH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32233		4.4 CITY-ST-ZIP		
TITLE	AT	☒ DELETE	5.1 TITLE	AT	☐ Change ☒ Addition
NAME	HUGHES, ELEANOR		5.2 NAME	ROBERT COPELAND	
STREET ADDRESS	5798 SHARING CROSS ROAD		5.3 STREET ADDRESS	3677 WEXFORD HOLLOW ROAD E.	
CITY-ST-ZIP	JACKSONVILLE FL 32257		5.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32224	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	GERGORY, BERNARD		6.2 NAME	THOMAS MACKIN	
STREET ADDRESS	8430 EAST SOPHIST		6.3 STREET ADDRESS	2700 COUNTRY CLUB BLVD	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073	

CR2E037 (9/96)

14. I do 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 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: DWINELLE FORD Dwinelle R Ford TREASURER 4/2/97