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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 59-6002104 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAMESON, ERNEST 2025 CARL ROAD JACKSONVILLE FL 32202	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 _____
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	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	ANDERSON, MAX		1.2 NAME	EDWARDS, DONNA	
STREET ADDRESS	2001 ART MUSEUM DR.		1.3 STREET ADDRESS	9431 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, KELVIN		2.2 NAME		
STREET ADDRESS	12441 AMANDA COVE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	EDWARDS, DONNA		3.2 NAME	SMITH, LAURI-ELLEN	
STREET ADDRESS	2536 SANDLEWOOD CIR.		3.3 STREET ADDRESS	3599 UNIVERSITY BLVD	
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
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	D	☐ Change ☒ Addition
NAME	COPELAND, ROBERT		5.2 NAME	KAMMER, RANDY	
STREET ADDRESS	3677 WEXFORD HOLLOW RD. E.		5.3 STREET ADDRESS	1231 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	JACKSONVILLE FL. 32231.	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MACKIN, THOMAS		6.2 NAME		
STREET ADDRESS	2700 COUNTRY CLUB BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 Ford TREASURER 3/30/98