08031999-90006-038-$70.00-$70.00

FILED
Aug 03, 1999 8:00 am
Secretary of State
08-03-1999 90006 038 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717857

1. Corporation Name
CLARA WHITE MISSION

614268 - 90010 - 17

08/03/99 90006 038 70.00

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 01/09/1970

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

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: DONNA Edwards
82 Street Address (P.O. Box Number Is Not Acceptable): 9432 Baymeadows Rd
83: JAX FL 32256
84 City: — 85 Zip Code: FL

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: Donna Edwards President — DATE: 8/9/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, LAURI-ELLEN 3599 UNIVERSITY BLVD JACKSONVILLE FL 32216	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP John Will 4507 St. Johns Bluffs Jax, Fla. 32224
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVIS, KELVIN 12441 AMANDA COVE DR. JACKSONVILLE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T Sue Butts 4323 Distributive Ave Jax, Fla 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EDWARDS, DONNA 9432 BAYMEADOWS RD JACKSONVILLE FL 32256	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP Randy Kammer 4800 Deerwood Campus Jax, Fla 32246
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FORD, DWINELLE 1897 BEACH AVE. JACKSONVILLE FL 32233	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	ASST Ed Easton 2513 Chestnut Springs Dr Jax, Fla 32246
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAMMER, RANDY 532 RIVERSIDE AVE JACKSONVILLE FL 32231	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Michael Buckley 50 N. Laura St #3900 Jax, Fla 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACKIN, THOMAS 2700 COUNTRY CLUB BLVD. ORANGE PARK FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Director Susan Naysa Independent Dr. #2401 Jax, Fla 32202

☐ Change ☐ Addition

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ — 7/14/99 — (904) 354-4142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #