DOCUMENT # 717857

1. Entity Name

CLARA WHITE MISSION

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90135 008 ****70.00

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDWARDS, DONNA 9432 BAYMEADOW RD JACKSONVILLE FL 32256	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WELL, JEFF 4567 ST JOHNS BLUFF RD JACKSONVILLE FL 32224	☐ Delete	Secretary Thomas, Cynthia 4991 Soutel Drive Jacksonville, FL 32208	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Butts BATTS, SUE 4323 DISTRUBUTION AVE JACKSONVILLE FL 32256	☐ Delete	T Butts 11323 Distribution Ave.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAMMER, RANDY 4800 DEERWOOD CAMPUS JACKSONVILLE FL 32256	☐ Delete	VP Randy Kammer 4800 Deerwood Campus Pk. 100 F Jacksonville, FL 32246	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT GASTON, ED 2513 CHESTNUT SPRINGS DR JACKSONVILLE FL 32246	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCKNER, MICHAEL 50 N LAURA ST #3900 JACKSONVILLE FL 32202	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~NAZYSASE~~, VICTOR 1 INDEPENDENT DR #2401 JACKSONVILLE FL 32202	☐ Delete	NARUSAS, VICTOR 1 Independent DR#2401. Jacksonville, FL 32202	☒ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: SIGNATURE REQUIRED 4/17/00 (904)354-4162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #