2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90082 012 ****70.00

DOCUMENT # 717857

1. Entity 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

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
GASTON, ED 2513 CHESTNUT SPRING DRIVE JACKSONVILLE FL 32246	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	D Waddorf, James 4500 San Pablo Road Jacksonville, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUTTS, SUE 11323 DISTRIBUTION AVE JACKSONVILLE FL 32258	☒ Delete	T CHAN, MING FL DEPT OF HEALTH POBOX 210 Jacksonville, FL 32231	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAMMER, RANDY 4800 DEERWOOD CAMPUS PK. 100F JACKSONVILLE FL 32256	☐ Delete	D TAYLOR, MARID 117 W. DUVAL ST, # 225 Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AT~~ D ~~CHAN, MING~~ Pittman, Ju'Coby ~~FL DEPT OF HEALTH~~ Clara White Mission, Inc JACKSONVILLE FL ~~32206~~ 32202	☒ Delete ADDITION	D LYNN, Mark 8695 Beach BLVD Jacksonville, FL 32217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THOMAS, CYNTHIA 4991 SOUTEL DRIVE JACKSONVILLE FL 32208	☐ Delete	D Lawrence, Reginald 300 East State St. Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NARUSAS, VICTOR 1 INDEPENDENT DR #2401 JACKSONVILLE FL 32202	☒ Delete	D Jones, ALAN 966 North Liberty St. Jacksonville, FL 32206	☐ Change ☒ Addition

CR2E037 (9/01)

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] 2/18/02 (904)354-4162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #