2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# 717857

Entity Name: CLARA WHITE MISSION

Current Principal Place of Business:

613 WEST ASHLEY ST
JACKSONVILLE, FL 322024747

New Principal Place of Business:

Current Mailing Address:

613 WEST ASHLEY ST
JACKSONVILLE, FL 322024747

New Mailing Address:

FEI Number: 59-6002104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LYNN, MARK
8787 BAYPINE RD.
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	EPPERSON, KRISTI	
Address:	7595 BAYMEADOWS RD, 3-2 B820	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	T	( ) Delete
Name:	HOFFMAN, MARY	
Address:	4500 SAN PABLO RD.	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	D	( ) Delete
Name:	LYNN, MARK	
Address:	7947 CREEDMORE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	PITTMAN, JU'COBY	
Address:	CLARA WHITE MISSION, INC	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	S	( ) Delete
Name:	THOMAS, CYNTHIA	
Address:	4991 SOUTEL DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	D	( ) Delete
Name:	TAYLOR, MARIO	
Address:	117 W DUVAL STREET #225	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GIBBS, CRAIG	
Address:	1200 RIVERPLACE BLVD., #810	
City-St-Zip:	JACKSONVILLE, FL 32207	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA THOMAS S 03/04/2005

Electronic Signature of Signing Officer or Director — Date