2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717857

Entity Name: CLARA WHITE MISSION

FILED Feb 13, 2007 Secretary of State

Current Principal Place of Business: 613 WEST ASHLEY ST				New Principal Place of Business:			
	/ILLE, FL 32202	24747					
Current Mailing Address:				New Mailing Address:			
	ASHLEY ST /ILLE, FL 32202	24747					
FEI Number: 59-6002104 FEI Number Applied For () FEI Number			FEI Num	nber Not Applicable () Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LYNN, MARK 8787 BAYPINE RD. JACKSONVILLE, FL 32256 US				MARY, HOFFMAN 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 US			
The above in the State		bmits this statement for the pu	irpose of	f changing it	ts registered	d office or registered agent, or both,	
SIGNATURE: MARY HOFFMAN				02/13/2007			
	Electronic	Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	ES TO OFFICERS AND DIRECTOR	S:
Title: Name: Address: City-St-Zip:	D () D EPPERSON, KRIS 7595 BAYMEADO JACKSONVILLE,	STI WS RD, 3-2 B820		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () D HOFFMAN, MARY 4500 SAN PABLO JACKSONVILLE,	, PRD.		Title: Name: Address: City-St-Zip:	HOFFMAN, M 4500 SAN PA		
Title: Name: Address: City-St-Zip:	D () D LYNN, MARK 7947 CREEDMOR JACKSONVILLE,	RE DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D PITTMAN, JU'COE CLARA WHITE MI JACKSONVILLE,	BY ISSION, INC		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () D THOMAS, CYNTH 4991 SOUTEL DR JACKSONVILLE,	IA RIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D GIBBS, CRAIG 1200 RIVERPLAC JACKSONVILLE,	E BLVD., #810		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JUCOBY PITTMAN D 02/13/2007