

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717857

FILED
Apr 17, 2008
Secretary of State

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:

MARY, HOFFMAN
4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224 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: D () 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: GIBBS, CRAIG
Address: 1200 RIVERPLACE BLVD., #810
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOFFMAN, MARY
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D (X) Change () Addition
Name: DOHERTY, DANIELA
Address: 14000 CITI CARDS WAY
City-St-Zip: JACKSONVILLE, FL 32258

Title: D (X) Change () Addition
Name: REDMOND, DONALD
Address: 500 EAST ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: PITTMAN, JU'COBY
Address: 613 WEST ASHLEY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/17/2008

Electronic Signature of Signing Officer or Director

Date