

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717857

FILED  
Feb 17, 2009  
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:

MALLETT, RONALD  
2801 DAWN ROAD  
JACKSONVILLE, FL 32207      US

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: RONALD MALLETT

02/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

Title: D      ( ) Delete  
Name: PITTMAN, JU'COBY  
Address: 613 WEST ASHLEY STREET  
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: MALLETT, RONALD  
Address: 2801 DAWN ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

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:

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

02/17/2009

Electronic Signature of Signing Officer or Director

Date