

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90393 013 \*\*\*\*70.00

**DOCUMENT # N99000005659**

1. Entity Name

**THE WHITE DOVE MISSION, INC.**

Principal Place of Business

Mailing Address

**9075 8TH AVENUE  
 JACKSONVILLE FL 32208**

**9075 8TH AVENUE  
 JACKSONVILLE FL 32208-5708**

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

**593597 775**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWELL, MARTHENIA  
 9075 8TH AVENUE  
 JACKSONVILLE FL 32208**

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 **D**  Delete  
 NAME **NEWELL, MARTHENIA**  
 STREET ADDRESS **POST OFFICE BOX 66066 N/A**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CANNADY, ROLINE J**  
 STREET ADDRESS **POST OFFICE BOX 47434 N/A**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE  Change  Addition  
 NAME **S/D**  
 STREET ADDRESS **CANNADY, RONLINE J**  
 CITY-ST-ZIP **P. O. Box 47434**

TITLE **D**  Delete  
 NAME **KELHAM, ALBERT H**  
 STREET ADDRESS **8255 TARLING AVENUE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Jax, FL 32247**

TITLE **D**  Delete  
 NAME **EDWARD, CHARLES J**  
 STREET ADDRESS **8439 EAST SOPHIST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE  Change  Addition  
 NAME **CANNADY JR., ROBERT**  
 STREET ADDRESS **P.O. Box 47434**  
 CITY-ST-ZIP **Jacksonville, FL 32247**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **MARTHENIA NEWELL** Director  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **4-16-00**  
 Daytime Phone #: **904-768-1061**