

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90057 046 \*\*\*\*70.00

**DOCUMENT # N99000005659**

1. Entity Name

**THE WHITE DOVE MISSION, INC.**

Principal Place of Business

9075 8TH AVENUE  
 JACKSONVILLE FL 32208

Mailing Address

9075 8TH AVENUE  
 JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3597775**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

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**  
**After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEWELL, MARTHENIA</b> <b>POST OFFICE BOX 66086 N/A</b> <b>JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CANNADY, ROLINE J</b> <b>POST OFFICE BOX 47434 N/A</b> <b>JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KELHAM, ALBERT H</b> <b>8255 TARLING AVENUE</b> <b>JACKSONVILLE FL 32219</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANNADY, ROBERT JR</b> <b>P O BOX 47434</b> <b>JACKSONVILLE FL 32247</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Marthenia Newell</b> <b>9075 8th ave</b> <b>Jacksonville, FL 32208</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Ronline Cannady</b> <b>9075 8th Ave</b> <b>Jacksonville, FL 32208</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/Trustee</b> <b>Robeert Cannady Jr</b> <b>9075 8th Ave</b> <b>Jacksonville, FL 32208</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (5/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-01 9047681061  
 Date Day:the Month: s



DO NOT WRITE IN THIS SPACE