

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91469 025 \*\*\*\*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**

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

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**

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 **9075 8TH AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE  Change  Addition

TITLE **SD**  Delete  
 NAME **CANNADY, ROLINE J**  
 STREET ADDRESS **9075 8TH AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **SD**  Change  Addition  
 NAME **CANNADY, ROLINE**  
 STREET ADDRESS **3760 UNIVERSITY BLVD #1113**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

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

TITLE  Change  Addition

TITLE **D**  Delete  
 NAME **CANNADY, ROBERT JR**  
 STREET ADDRESS **9075 8TH AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **TD**  Change  Addition  
 NAME **CANNADY, Robert**  
 STREET ADDRESS **3760 University Blvd #1113**  
 CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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: Roline Cannady  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roline Cannady 4/16/02 904-768-1061  
 Date Daytime Phone #

CR2E037 (9/01)