2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005659

Entity Name: THE WHITE DOVE MISSION, INC.

FILED Apr 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9075 8TH AVENUE JACKSONVILLE, FL 32208

Current Mailing Address: New Mailing Address:

9075 8TH AVENUE JACKSONVILLE, FL 32208

FEI Number: 59-3597775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWELL, MARTHENIA 9075 8TH AVENUE JACKSONVILLE, FL 32208

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:

Clastera is Circustrus of Devictors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 NEWELL, MARTHENIA
 Name:

 Address:
 9075 8TH AVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32208
 City-St-Zip:

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \ {\sf Change} \ (\) \ {\sf Addition}$

Name:CANNADY, ROLINE JName:CANNADY, RONLINE JAddress:3760 UNIVERSITY BLVD #1113Address:P O BOX 47434

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32247

Title: D () Delete Title: TD (X) Change () Addition
Name: KELHAM, ALBERT H Name: CANNADY, ROBERT

 Address:
 8255 TARLING AVENUE
 Address:
 P O BOX 47434

 City-St-Zip:
 JACKSONVILLE, FL 32219
 City-St-Zip:
 JACKSONVILLE, FL 32247

Title: TD (X) Delete Title: () Change () Addition

 Name:
 CANNADY, ROBERT JR
 Name:

 Address:
 3760 UNIVERSITY BLVD #1113
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RONLINE CANNADY SD 04/21/2004