

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005659

FILED
Apr 20, 2006
Secretary of State

Entity Name: THE WHITE DOVE MISSION, INC.

Current Principal Place of Business:

P O BOX 47434
JACKSONVILLE, FL 32247

New Principal Place of Business:

9050 NORFOLK BLVD
N209
JACKSONVILLE, FL 32208

Current Mailing Address:

P O BOX 47434
JACKSONVILLE, FL 32247

New Mailing Address:

9050 NORFOLK BLVD
N209
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:

NEWELL, MARTHENIA
P O BOX 47434
JACKSONVILLE, FL 32247 US

Name and Address of New Registered Agent:

NEWELL, MARTHENIA
9050 NORFOLK BLVD
N209
JACKSONVILLE, FL 32208 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:

04/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEWELL, MARTHENIA
Address: P O BOX 47434
City-St-Zip: JACKSONVILLE, FL 32247

Title: SD (X) Delete
Name: CANNADY, RONLINE J
Address: P O BOX 47434
City-St-Zip: JACKSONVILLE, FL 32247

Title: TD (X) Delete
Name: CANNADY, ROBERT
Address: P O BOX 47434
City-St-Zip: JACKSONVILLE, FL 32247

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NEWELL, MARTHENIA
Address: 9050 NORFOLK BLVD, N209
City-St-Zip: JACKSONVILLE, FL 32208

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 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: MARTHENIA NEWELL

D

04/20/2006

Electronic Signature of Signing Officer or Director

Date