


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90193 032 ****70.00

DOCUMENT # N99000005659

1. Entity Name
THE WHITE DOVE MISSION, INC.



Principal Place of Business 9050 NORFOLK BLVD N209 JACKSONVILLE, FL 32208	Mailing Address 9050 NORFOLK BLVD N209 JACKSONVILLE, FL 32208
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DO NOT WRITE IN THIS SPACE

90000100



04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3597775	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, MARTHENIA 9050 NORFOLK BLVD, N209 JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCIAL SECRETARY ROSE ANDERSON 2609 W 25th St JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RONNIE CANNADY 2609 W 25th St JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee MR. R. CANNADY 2609 W 25th St JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marthonia Newell 4-16-07 904-353 6782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #