

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717857

Entity Name: CLARA WHITE MISSION, INC.**Current Principal Place of Business:**613 WEST ASHLEY ST
JACKSONVILLE, FL 32202-4747**Current Mailing Address:**613 WEST ASHLEY ST
JACKSONVILLE, FL 32202-4747**FEI Number:** 59-6002104**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MATTSON, KRIS
14000 CITIARDS WAY
JACKSONVILLE, FL 32258 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:** KRIS MATTSON

02/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name MATTSON, KRIS
Address 14000 CITICARDS WAY
City-State-Zip: JACKSONVILLE FL 32258

Title TREASURER
Name WHITAKER, JOE
Address 613 WEST ASHLEY STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIREC, OFFICER
Name CATHEY, TASH
Address 8075 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32211

Title OFFICER
Name ELSON, PHILIP II
Address 3533 SUNNYSIDE DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY
Name PATINO, CARLOS
Address 10151 DEERWOOD PARK BLVD.,
SUITE #120
City-State-Zip: JACKSONVILLE FL 32256

Title OFFICER
Name VAUGHAN, AARON
Address 8000 BELFORT PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title OFFICER
Name COLEMAN-MASON, DINAH
Address 8075 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32211

Title OFFICER
Name JONES, CARLTON
Address 7700 NORTH PEARL STREET
City-State-Zip: JACKSONVILLE FL 32208

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I hereby 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 all other like empowered.

SIGNATURE: KRIS MATTSON

CHAIRMAN

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name MARTIN, CHAZ
Address 3791 AUBREY LANE
City-State-Zip: ORANGE PARK FL 32065

Title OFFICER
Name DEE, PAEZ
Address 613 WEST ASHLEY STREET
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER
Name PERRY, KIM
Address 613 WEST ASHLEY STREET
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER
Name TAYLOR, BRACY
Address 3601 REGENT BLVD
City-State-Zip: JACKSONVILLE FL 32224

Title OFFICER
Name BROWN, TONY
Address P.O. BOX 15666
City-State-Zip: FERNANDINA BEACH FL 32035

Title OFFICER
Name MITCHELL, JASON
Address 613 WEST ASHLEY STREET
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER
Name PAUL, MICHELLE
Address 50 A1A N., SUITE 112
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title OFFICER
Name RIGGINS, EPHRAIM
Address 613 WEST ASHLEY STREET
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER
Name WATERS, THOMAS
Address 613 WEST ASHLEY STREET
City-State-Zip: JACKSONVILLE FL 32202