2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2021
Secretary of State
1636440544CC

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 US

FEI Number: 59-6002104

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PAUL, MICHELLE
50 A1A N., SUITE 112
PONTE VEDRA BEACH, FL 32082 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: MICHELLE PAUL 02/11/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

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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: MICHELLE PAUL CHAIRMAN 02/11/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	CHAIRMAN
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

Title	SECRETARY
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