

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005659

1. Entity Name

THE WHITE DOVE MISSION, INC.

Principal Place of Business

9075 8TH AVENUE  
JACKSONVILLE FL 32208

Mailing Address

9075 8TH AVENUE  
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3597775

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, MARTHENIA  
9075 8TH AVENUE  
JACKSONVILLE FL 32208

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D NEWELL, MARTHENIA POST OFFICE BOX 66066 N/A JACKSONVILLE FL 32208 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
SD CANNADY, ROLINE J POST OFFICE BOX 47434 N/A JACKSONVILLE FL 32208 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D KELHAM, ALBERT H 8255 TARLING AVENUE JACKSONVILLE FL 32219 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D CANNADY, ROBERT JR P O BOX 47434 JACKSONVILLE FL 32247 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D Marthenia Newell 9075 8th ave Jacksonville, FL 32208 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
SD Ronline Cannady 9075 8th Ave Jacksonville, FL 32208 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D/Trustee Robeert Cannady Jr 9075 8th Ave Jacksonville, FL 32208 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Marthenia Newell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

8-19-01 904-7681061

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90057 046 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)