


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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


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

<b>DOCUMENT # N99000005659</b> 1. Entity Name <b>THE WHITE DOVE MISSION, INC.</b>	
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Principal Place of Business <b>9050 NORFOLK BLVD N209 JACKSONVILLE, FL 32208</b>	Mailing Address <b>9050 NORFOLK BLVD N209 JACKSONVILLE, FL 32208</b>
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**DO NOT WRITE IN THIS SPACE**

40000100



04162007 No Chg-NP CR2E037 (4/06)

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 RONLINE 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: Martenia Newell **4-16-07 904-353 6782**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #