


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90022 033 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWELL, MARTHENIA 9050 NORFOLK BLVD N209 JACKSONVILLE, FL 32208				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWELL, MARTHENIA		NAME		
STREET ADDRESS	9050 NORFOLK BLVD, N209		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32208		CITY - ST - ZIP		
TITLE	FS <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, ROSE		NAME	ROSE ANDERSON	
STREET ADDRESS	2609 W 25TH ST		STREET ADDRESS	2609 W 25th St	
CITY - ST - ZIP	JACKSONVILLE, FL 32209		CITY - ST - ZIP	JACKSONVILLE, FL 32209	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANNADY, RONLINE		NAME		
STREET ADDRESS	2609 W 25TH ST		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32209		CITY - ST - ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANNADY, MR R		NAME		
STREET ADDRESS	2609 W 25TH ST		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32209		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Marthemia Newell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4-06-08</i> <small>Date Daytime Phone #</small>		