

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90091 004 ****70.00

0012120

DOCUMENT # 749717

1. Corporation Name

DOVE CHARISMATIC MINISTRIES, INC.

Principal Place of Business

5805 NW 37TH ST
P.O. BOX 1696
GAINESVILLE FL 32653
US

Mailing Address

5805 NW 37TH ST
P.O. BOX 1696
GAINESVILLE FL 32653
US

2. Principal Place of Business

21 **5805 N.W. 37th St.**

2a. Mailing Address

26 **5805 NW 37th STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **GAINESVILLE FL.**

City & State

28 **GAINESVILLE FL.**

Zip

24 **32653**

Country

25 **U.S.A.**

Zip

29 **32653**

Country

30 **U.S.A.**

3. Date Incorporated or Qualified

11/08/1979

4. FEI Number

59-1981788

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

COX, DAVID S~~**1110 NW 6TH ST**~~**GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name

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

83 **1831 N.W. 13th STREET**84 City **GAINESVILLE****FL**85 Zip Code
32609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **COX, DAVID S**
STREET ADDRESS ~~**1110 NW 6TH ST**~~
CITY-ST-ZIP **GAINESVILLE, FL 00000**TITLE **D** ☒ DELETE
NAME **DECONNA, BILL REV.**
STREET ADDRESS **7807 SW 47TH COURT**
CITY-ST-ZIP **GAINESVILLE, FL 00000**TITLE **D** ☐ DELETE
NAME **CHARLTON, KENNETH (REV.)**
STREET ADDRESS **8339 SNOWFIRE DRIVE**
CITY-ST-ZIP **ORLANDO FL**TITLE **VST** ☐ DELETE
NAME **NORTHUP, ELSIE D**
STREET ADDRESS **3277 N.W. 103RD DR.**
CITY-ST-ZIP **GAINESVILLE, FL 00000**TITLE **PD** ☐ DELETE
NAME **WATSON, DR. DENNIS**
STREET ADDRESS **5525 NW 55TH LANE**
CITY-ST-ZIP **GAINESVILLE FL**TITLE **D** ☐ DELETE
NAME **OLANDER, WILLIAM P.**
STREET ADDRESS **3931 NW 40 COURT**
CITY-ST-ZIP **GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1831 N.W. 13th STREET**
1.4 CITY-ST-ZIP **GAINESVILLE, FLA. 32609**2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

SIGNATURE REQUIRED **E.D. NORTHUP** **1.18.99** **(352) 371-2487**