

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749717

FILED
Apr 30, 2008
Secretary of State

Entity Name: DOVE CHARISMATIC MINISTRIES, INC.

Current Principal Place of Business:

5805 NW 37TH ST
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

5805 NW 37TH ST
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 59-1981788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, TERRY D
5805 NW 37TH ST
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

JONES, TERRY D DR.
5805 NW 37TH ST
GAINESVILLE, FL 32653 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: DR. TERRY D. JONES

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JONES, SYLVIA R
Address: 5805 NW 37TH ST
City-St-Zip: GAINESVILLE, FL 32653

Title: PD () Delete
Name: JONES, TERRY DR
Address: 5805 NW 37TH ST
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: SAPP, WAYNE M
Address: 5805 NW 37TH ST
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: NASSOIY, PAUL
Address: 3929 NW 39TH WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Delete
Name: SAPP, STEPHANIE L
Address: 5805 NW 37TH ST
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. TERRY D. JONES

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date