


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000006955	
1. Entity Name DOVE MINISTRY INTERNATIONAL INC	

Principal Place of Business 327 EGAN DRIVE CRESTVIEW, FL 32536 US	Mailing Address 327 EGAN DRIVE CRESTVIEW, FL 32536 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent HUNT, FRANCES 327 EGAN DRIVE CRESTVIEW, FL 32536

7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE <u>Frances J. Hunt</u> DATE <u>1-14-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNT, FRANCES 327 EGAN DRIVE CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	① Hill, Shannon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 327 Egan Dr Crestview FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, DON 327 EGAN DRIVE CRESTVIEW, FL 32536 <input checked="" type="checkbox"/> Delete <i>Deceased</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800116457388 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/30/08--01032--011 **236.25 12-31-07 01018 001 - \$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, CALVIN 3015 SISSY ROAD CONWAY, AR 72034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEDDAR, KATHERINE 9439 ABB PITMAN ROAD MILTON, FL 32579 <input type="checkbox"/> Delete <i>Miller</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPURLOCK, MARTI 11700 LEBANON FRISCO, TX 75034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hill, Shannon 327 Egan Dr Crestview, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Frances J. Hunt</u> <u>Frances J. Hunt</u> 1-14-08 850-682-0133 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

FILED
08 JAN 17 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

