FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43213** **(0)**

1. Corporation Name
THE DOVE'S WAY MINISTRY, INC.

Principal Place of Business	Mailing Address
420 LIVE OAKS BLVD. CASSELBERRY FL 32718 US	P.O. BOX 182060 CASSELBERRY FL 32718 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3086092 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 664 Oxford St
22 ~~P.O. Box 1820~~
23 Longwood, Fla
24 Zip 32750 25 Country Seminole

2a. Mailing Address
26
27
28
29 Zip
30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRUCE, CHARLES H. 664 OXFORD ST. LONGWOOD FL 32750	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Charles H Bruce 4-23-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	BRUCE, SHERYL M.	12 NAME	
STREET ADDRESS	421 SANTA MARIA WAY	13 STREET ADDRESS	664 Oxford St
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	Longwood, Fla 32750
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	BRUCE, CHARLES H.	22 NAME	
STREET ADDRESS	421 SANTA MARIA WAY	23 STREET ADDRESS	664 Oxford St
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	Longwood, Fla. 32750
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	BALDWIN, KAREN	32 NAME	
STREET ADDRESS	4529 ORANGEBROOK DR.	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sheryl M Bruce 4-23-95 407-260-1171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031081