

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91186 020 \*\*\*\*61.25

**DOCUMENT # N43213**

1. Entity Name

**THE DOVE'S WAY MINISTRY, INC.**

Principal Place of Business

Mailing Address

**664 OXFORD ST.  
 LONGWOOD FL 32750  
 US**

**P.O. BOX 182060  
 CASSELBERRY FL 32718  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3086092**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUCE, SHERYL  
 664 OXFORD ST.  
 LONGWOOD FL 32750**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **BRUCE, SHERYL M.**  
 CITY-ST-ZIP **664 OXFORD ST.  
 LONGWOOD FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **CARLSON, ALICE**  
 CITY-ST-ZIP **664 OXFORD #COTTAGE  
 LONGWOOD FL**

TITLE ☒ Change ☐ Addition  
 NAME **VD**  
 STREET ADDRESS **CARLSON, Alice**  
 CITY-ST-ZIP **482 Abba St.  
 Altamonte Springs Fla 32714**

TITLE ☒ Delete  
 NAME **ST**  
 STREET ADDRESS **CARLSON, DAR**  
 CITY-ST-ZIP **607 SPRING OAKS BLVD  
 ALTAMONTE SPRINGS FL**

TITLE ☐ Change ☒ Addition  
 NAME **ST**  
 STREET ADDRESS **Edwina Perkins**  
 CITY-ST-ZIP **10631 Crystal Springs Ct  
 Orlando, Fla. 32825**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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: *Sheryl M. Bruce* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-2002 407-8305980**

Date

Daytime Phone #

CR2E037 (9/01)