

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43213

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** THE DOVE'S WAY MINISTRY, INC.

**Current Principal Place of Business:**

664 OXFORD ST.  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 182060  
CASSELBERRY, FL 32718 US

**New Mailing Address:**

**FEI Number:** 59-3086092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRUCE, SHERYL M.  
Address: 664 OXFORD ST.  
City-St-Zip: LONGWOOD, FL 32750

Title: VD ( ) Delete  
Name: CARLSON, ALICE  
Address: 482 ABBA ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ST ( ) Delete  
Name: PERKINS, EDWINA  
Address: 10631 CRYSTAL SPRINGS CT  
City-St-Zip: ORLANDO, FL 32825

**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:

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: SHERYL M BRUCE

REV

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date