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NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996-1-96

B-5984C

DOCUMENT # N93000000295 (6)

1. Corporation Name

DOVE FAMILY WORSHIP CENTER, INC.



Principal Place of Business

Mailing Address

8339 SNOWFIRE DR
ORLANDO FL 32818
US

8339 SNOWFIRE DRIVE
ORLANDO FL 32818
US

3. Date Incorporated or Qualified

01/25/1993

3a. Date of Last Report

08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORTHROP, DONALD O
5805 N.W. 37TH STREET
GAINESVILLE FL 32606

81 Name

GRANT, Richard W

82 Street Address (P.O. Box Number is Not Acceptable)

8212 Old Grove Dr.

83

84 City

Orlando

FL

85

Zip Code

32818

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Richard Grant
Signature, typed or printed name of registered agent, and date if applicable

Richard GRANT

(NOTE: Registered Agent signature required when reinstating)

April 29/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	GRANT, RICHARD W	8212 OLD GROVE DR	ORLANDO FL	<input type="checkbox"/>
D	NORTHROP, DONALD O	3277 N.W. 103RD DRIVE	GAINESVILLE FL	<input checked="" type="checkbox"/>
SD	GRANT, FRANCES A	8212 OLD GROVE DR	ORLANDO FL	<input type="checkbox"/>
TD	CHARLTON, DOROTHY M	8339 SNOWFIRE DR	ORLANDO FL	<input type="checkbox"/>
PD	CHARLTON, RALPH KENNETH	8339 SNOWFIRE DR	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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:

R. Kenneth Charlton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Kenneth Charlton

April 29/96
DATE

298-2280
Daytime Phone #

CR2E037 (12/95)