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Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000295 (6)**

1. Corporation Name

DOVE FAMILY WORSHIP CENTER, INC.



Principal Place of Business 8339 SNOWFIRE DR ORLANDO FL 32818 US		Mailing Address 8339 SNOWFIRE DRIVE ORLANDO FL 32818-5636 US	
2. Principal Place of Business 21 6900 Silver Star Rd		2a. Mailing Address 26 6900 Silver Star Rd	
Suite, Apt. #, etc. 22 Suite 112		Suite, Apt. #, etc. 27 Suite 112	
City & State 23 Orlando FL		City & State 28 Orlando FL	
Zip 24 32818		Country 25 USA	
Country 29 32818		Country 30 USA	
3. Date Incorporated or Qualified 01/25/1993		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3159325		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent GRANT, RICHARD W. 8212 OLD GROVE DR ORLANDO FL 32818		10. Name and Address of New Registered Agent 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	GRANT, RICHARD W	1.2 NAME	Grant, Richard W
STREET ADDRESS	8212 OLD GROVE DR	1.3 STREET ADDRESS	8212 Old Grove Dr
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL
TITLE	SD	2.1 TITLE	VD
NAME	GRANT, FRANCES A	2.2 NAME	Grant, Frances A
STREET ADDRESS	8212 OLD GROVE DR	2.3 STREET ADDRESS	8212 Old Grove Dr
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL
TITLE	TD	3.1 TITLE	TD
NAME	CHARLTON, DOROTHY M	3.2 NAME	Nelson, Victor
STREET ADDRESS	8339 SNOWFIRE DR	3.3 STREET ADDRESS	3328 Nipinicket Ct
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando FL
TITLE	PD	4.1 TITLE	SD
NAME	CHARLTON, RALPH KENNETH	4.2 NAME	Beason, Trevor
STREET ADDRESS	8339 SNOWFIRE DR	4.3 STREET ADDRESS	1503 High Grove Way
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 _____ DATE **5/22/97**

CR2E037 (9/96)